FORM 400

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
JUN 28 1957
Division of Administrative Procedure

ENDORSED
APPROVED FOR FILING
(GOV. CODE 11380.2)
JUN 28 1957
Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)
Dated: June 27, 1957
By: [signature]
Deputy Director
(Title)

FILED
in the Office of the Secretary of State
of the State of California
JUN 28 1957
At 12:57 o'clock P M.
FRANK M. JORDAN, Secretary of State
By [signature]
Assistant Secretary of State

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071-11 ADOPTION OF DEVIATING PAY SCHEDULES 071-11
WPS

When operating needs of a county require deviations in pay for some classes from the vertical relationships established by columns in Sec. 071-05, approval of such deviations may be requested by the board of supervisors to the SDSW under the following conditions:

1. A five-step plan shall be adopted.

2. Each class of position shall be placed in one of five broad groups to be known as Groups A, B, C, D, E, and F. Each group shall include the following classes:

   Group A: County Welfare Director I, II, III, IV, V; and Assistant County Welfare Director.

   Group B: Social service series including Social Worker I, II, and III; and Social Work Supervisor I and II.

   Group C: Child Welfare Services Worker I and II; Child Welfare Supervisor I and II; and Medical Social Work Supervisor and Medical Social Worker.

   Group D: Investigator.

   Group E: Clerical classes including all levels of typists, stenographers, clerks, account clerks, and Chief Fiscal Supervisor.

   Group F: Miscellaneous group including Medical Consultant and Homemaker.

3. Upward or downward deviations from vertical alignment with the five consecutive step plan adopted for Group B may be permitted for Groups A, C, D, E, and F. The maximum deviation which shall be permitted for these groups in relation to Group B are:

   Group A may deviate one or two steps upward or one step downward;

   Group C may deviate one step upward or downward, except that Group C shall not be established at less than step plan 4 - 8;

   Group D may deviate one or two steps upward or downward;

   Group E may deviate one, two, or three steps upward or downward; and

   Group F may deviate one, two, or three steps upward or downward. Vertical relationships need not be maintained within Group F.

(Continued)

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4. Any deviation requested must be applied to all classes within the group, if they are used in the welfare department.

5. All proposed changes in pay plans must be approved by the SDSW before becoming effective in the county. The SDSW shall determine standards for the acceptability of pay ranges based on prevailing wage rates, proper internal relationships between classes, and other pertinent data.

6. An appeal from a denial of a request for such a proposed plan may be heard by the SSWB upon request of the county board of supervisors.

(W&IC 119.5, 119.6)

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MANAGEMENT BOOKLET
CHAPTER 7 - PERSONNEL

These Regulations are designated to become effective AUG 1 '57

071-05 SALARY SCHEDULES
WPS

CLASSIFICATION	SCHEDULE OF STEPS													
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
GROUP A														
COUNTY WELFARE DIRECTOR V	---	---	686	725	766	810	856	905	957	1012	1070	1132	1197	1266
COUNTY WELFARE DIRECTOR IV	---	---	581	614	649	686	725	766	810	856	905	957	1012	1070
COUNTY WELFARE DIRECTOR III	---	---	491	519	549	581	614	649	686	725	766	810	856	905
COUNTY WELFARE DIRECTOR II	---	---	415	439	464	491	519	549	581	614	649	686	725	766
COUNTY WELFARE DIRECTOR I	---	---	332	351	371	392	415	439	464	491	519	549	581	614
ASST. COUNTY WELFARE DIRECTOR	---	---	519	549	581	614	649	686	725	766	810	856	905	957
GROUP B														
SOCIAL WORK SUPERVISOR II	---	---	---	439	464	491	519	549	581	614	649	686	725	766
SOCIAL WORK SUPERVISOR I	---	---	---	392	415	439	464	491	519	549	581	614	649	686
SOCIAL WORKER III	---	---	---	351	371	392	415	439	464	491	519	549	581	614
SOCIAL WORKER II	---	---	---	314	332	351	371	392	415	439	464	491	519	549
SOCIAL WORKER I	---	---	---	297	314	332	351	371	392	415	439	464	491	519
GROUP C														
CHILD WELFARE SUPERVISOR II	---	---	---	491	519	549	581	614	649	686	725	766	810	856
CHILD WELFARE SUPERVISOR I	---	---	---	439	464	491	519	549	581	614	649	686	725	766
CH. WEL. SERVICES WORKER II	---	---	---	392	415	439	464	491	519	549	581	614	649	686
CH. WEL. SERVICES WORKER I	---	---	---	351	371	392	415	439	464	491	519	549	581	614
MEDICAL SOCIAL WORK SUPERVISOR	---	---	---	439	464	491	519	549	581	614	649	686	725	766
MEDICAL SOCIAL WORKER	---	---	---	392	415	439	464	491	519	549	581	614	649	686
GROUP D														
INVESTIGATOR	---	314	332	351	371	392	415	439	464	491	519	549	581	614
GROUP E														
CHIEF FISCAL SUPERVISOR	371	392	415	439	464	491	519	549	581	614	649	686	---	---
CHIEF ACCOUNT CLERK	314	332	351	371	392	415	439	464	491	519	549	581	---	---
SENIOR ACCOUNT CLERK	252	266	281	297	314	332	351	371	392	415	439	464	---	---
ACCOUNT CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
SENIOR STENO. CLERK	252	266	281	297	314	332	351	371	392	415	439	464	---	---
INTERMEDIATE STENO. CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR STENO. CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
SENIOR TYPIST CLERK	238	252	266	281	297	314	332	351	371	392	415	439	---	---
INTERMEDIATE TYPIST CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR TYPIST CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
CHIEF CLERK	297	314	332	351	371	392	415	439	464	491	519	549	---	---
SENIOR CLERK	238	252	266	281	297	314	332	351	371	392	415	439	---	---
INTERMEDIATE CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
RECEPTIONIST	213	225	238	252	266	281	297	314	332	351	371	392	---	---
TELEPHONE OPERATOR	201	213	225	238	252	266	281	297	314	332	351	371	---	---
GROUP F														
MEDICAL CONSULTANT	766	810	856	905	957	1012	1070	1132	1197	1266	1339	1416	---	---
HOMEMAKER	225	238	252	266	281	297	314	332	351	371	392	---	---	---

FOR CHANGES IN PAY RANGES, SEE MODIFICATION PROCEDURE SPECIFIED IN SEC. 071-10, ADOPTION OF COMPENSATION PLAN, AND SEC. 071-11, ADOPTION OF DEVIATING PAY SCHEDULES. EFFECTIVE DATE OF COMPENSATION PLAN TO BE EITHER (A) JULY 1, 1957, OR (B) EFFECTIVE DATE OF COUNTY SALARY ORDINANCE FOR 1957-58, WHICHEVER IS APPLICABLE.

(W&IC 119.5, 119.6)

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41998 8-56 30M SPO

FINDING OF EMERGENCY

The regulations contained in A-205.7, B-205.7, A-206, B-206, F-110, F-240, F-310, F-500, F-520, F-700, F-710, F-730,A and B revised, I repealed, F-740, F-750,C, 1, F-760, A, F-770, A and B, F-790, and the repeal of A-225 and B-225, "Special Need for Care in a Public Medical Institution," are emergency measures necessary for the immediate preservation of the public peace, health, and safety or general welfare within the meaning of Section 11421 (b) of the Government Code.

The facts constituting the emergency are:

The Welfare and Institutions Code Sections 2160.3 and 2160.4 as added by Chapter 1719, statutes of 1955, and the Welfare and Institutions Code Section 3044 are repealed by Chapter 1068, which adds Sections 2160.3, 3044, and 3044.1. These sections are effective July 1, 1957. The sections repealed provided that assistance payments be made to public medical institutions on behalf of Old Age Security recipients and Aid to Needy Blind recipients who are patients in those institutions.

The above-cited chapter repeals these provisions and further provides that effective July 1, 1957, assistance may be paid directly to otherwise eligible recipients in these public medical institutions. Present regulations are inconsistent with the new law and must be amended to comply with the new law. Since the new law was made effective by the Legislature as an urgency measure effective July 1, the regulation must also be effective on July 1 to conform with that law.

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17845 5-55 30M SPO

FINDING OF EMERGENCY

The regulations contained in A-010 and Chapter A-31, and C-010, C-310.06, C-310.15, C-310.16, C-310.17, C-310.19, C-310.20, C-311.10, C-315, F-840 and F-845 and repeal of C-318, are urgency measures necessary for the immediate preservation of the public peace, health and safety or general welfare within the meaning of Section 11421 (b) of the Government Code.

The facts constituting the emergency are:

The Federal Social Security Act as amended by Public Law 880 provides that effective July 1, 1957, the state plan must "provide a description of the services (if any) which the state agency makes available" to recipients of Old Age Security, Aid to Needy Children and Aid to Needy Blind. The boards of supervisors of the various counties of California are currently making a number of services available to recipients and claiming federal reimbursement in the costs of those services. In order that county government may continue to receive reimbursement from federal funds administered under the Social Security Act, the state plan must describe those services as they are being rendered or if the state intends to render them effective July 1, 1957.

If the regulations were not effective on July 1, there might be loss of a substantial amount of federal funds. Accordingly, emergency measures are necessary to make certain these funds are received by the State of California.

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FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIC
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The following regulations are to be repealed effective July 1, 1957:

A-225	Vendor Payments to Public Medical Institutions
B-225	Vendor Payments to Public Medical Institutions

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MANAGEMENT RECORDS DEPARTMENT

17845 5-55 30M SPC

A-010 COUNTY RESPONSIBILITY - GENERAL A-010

The county is responsible for receiving requests and applications for OAS, for assisting applicants in securing evidence of eligibility, for determining eligibility or ineligibility, for authorizing and paying aid in the correct amount promptly to eligible persons, for identifying and evaluating any need applicants or recipients may have for social services in addition to the aid payment, for developing a service plan to meet the individual's need, for providing such services as the individual may require and the county is able to render, and for developing and assisting in the development of service facilities and resources.

In rendering service, including eligibility determination and aid payment, to aged individuals, it is the county responsibility to help them to realize the maximum personal independence of which they are capable, including self-care.

Persons authorized to act as agents of the board of supervisors under W&IC 7.1 and 2183.9 shall be designated and such agents shall be persons who direct, supervise or perform the determination of eligibility.

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These Regulations are designated to become effective JUL 1 '57

A-138.25 TRANSFER WITH RETENTION OF LIFE ESTATE A-138.25

There is a presumption that real property transferred with retention of life estate does not affect eligibility. The life estate agreement must be written and recorded.

1. Home property

   Transfer of real property at any time with the retention of life estate does not result in ineligibility when the property is the home of the grantor and will continue to be utilized to meet his housing need.

2. Property other than the home

   Transfer of real property with retention of life estate within two years prior to application does not result in ineligibility if:

   a. The property is being utilized or a plan for utilization is in progress and the transfer does not preclude future utilization by the life tenant, or

   b. Development of a reasonable plan for utilizing the property is not possible. (See Sec. A-133.10)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective AUG 1 '57

A-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE A-204.11

When a recipient is in an aged boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed $150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance, and to cover the cost of personal care. In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation and household remedies, a flat amount of $35 is allowed. Special needs for medical care and transportation are also allowed under the conditions and within the maxima specified.

When the cost of board and personal care exceeds $150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

A-205.3 SPECIAL NEED FOR NURSING CARE A-205.3

When a recipient is in an aged boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

A. For those recipients who require some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is $200.

B. For those recipients who require extensive nursing care and supervision, the maximum allowance is $255.

In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation, and household remedies, a flat amount of $35 is allowed. Also, special needs for medical care and transportation are allowed under the conditions and within the maxima specified.

If a private room is recommended, the cost, not to exceed $50 monthly, is added to the maxima specified in A and B above.

When the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: When there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective AUG 1 '57

A-205.7 SPECIAL NEED FOR CARE IN A PUBLIC MEDICAL INSTITUTION A-205.7

Recipient

When a recipient enters a public medical institution as a "patient" the amount charged for care in such institution is allowed as a special need.

When the recipient remains a "patient" in such institution for more than a temporary period, i.e., two calendar months, need at the expiration of such temporary period is determined by allowing the amount charged for care in the institution in lieu of all basic allowances except incidentals. In addition, $13.50 is allowed for personal and incidental needs not furnished by the institution. Special medical needs not provided by the institution are also allowed under the conditions and within the maxima specified.

Applicant

When an applicant (or recipient requesting restoration) is a "patient" in a public medical institution at the time aid is granted, need is determined in the manner specified above for the recipient who remains in the institution for more than a temporary period.

These Regulations are designated to become effective JUL 1 '57

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A-205.92 SPECIAL NEED FOR EYEGLASSES A-205.92

If a physician or optometrist recommends the use of eyeglasses, the cost of refractions and of eyeglasses, not to exceed the following maxima, are allowed as special needs.

Refraction	$15.00
Bifocal (or cataract) lenses - each lens	10.00
Single vision lenses - each lens	5.00
Tinted lenses - additional for each lens	2.00
Prism - additional for each lens	2.00
Frames	7.50

(Sales tax and carrying charges, if any, are added to the above maxima.)

Special need may be allowed for more than one type of glasses only when correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

A-205.94 SPECIAL NEED FOR HEARING AIDS A-205.94

When an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Examination by otologist	-	$10.00
Hearing Aid	-	175.00
Monthly upkeep on hearing aid	-	5.00

(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

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These Regulations are designated to become effective AUG 1 '57

A-206 SPECIAL NEED TO MEET PAYMENTS ON DEBTS A-206

Allowance is made for payment on debts under the conditions specified in Secs. A-206.1 through A-206.4. Exception: Allowance is not made for payments on any debt (secured or unsecured) when such debt resulted from receipt of public assistance including public medical care or care in a public medical institution.

These Regulations are designated to become effective July 1, 1957.

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17845 5-55 30M SPO

A-310 GENERAL A-310

A-310.06 SERVICES - DEFINITIONS A-310.06

General: "Services" are defined as any planned activity directed toward assisting aged individuals to conserve health, to obtain suitable living arrangements, to retain or establish needed social relationships, to realize productive and creative potentials and to adjust to the fact and process of aging.

Direct Service is given by the worker carrying primary and continuing responsibility for the case or by special social work staff within the county welfare department, and consists primarily of counseling and use of the casework method within the competence of the worker. Direct service includes referral to organized special resources within the agency or to other community resources.

Organized Special Resource is a special unit within the county welfare department providing a service appropriate to public assistance by means of a particular approach or method of dealing directly with a specific problem or need of an individual, and which is governed by recognized standards in its field of activity.

Enabling Services and Facilities are services or facilities used to provide consultation for the individual on his legal, social, educational, medical, psychiatric, psychological and other problems and are used only for consultation, diagnosis and planning. Included are transportation and other services incidental to and essential to the obtaining of such consultation.

Community Planning includes all participation by agency staff in general community activities required by virtue of the position or office held, and in community planning activities that are reasonably related to the problems and needs of OAS applicants and recipients or the OAS program.

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A-310.15 COUNTY RESPONSIBILITY FOR SERVICES - GENERAL A-310.15

The county welfare department is responsible for:

1. Identifying and evaluating problems or needs in addition to those which can be met by a money payment through the OAS grant. This responsibility covers problems of health, living arrangements, social isolation, and behavior or personal adjustment.

2. Developing a service plan for meeting the problems identified and evaluated, by

   a. Providing such services as the individual may need and the county is able to render, through direct service, an organized special resource and referral to other community resources; and

   b. Where referral is made, assisting individuals to use these other resources to their best advantage.

3. Community planning activity including:

   a. Identifying the need for resources in the community to meet problems found among aging persons;

   b. Making needs of OAS applicants and recipients for community resources known to the community;

   c. Stimulating community action that affects the OAS program either directly or indirectly or meets the needs of individual OAS applicants and recipients;

   d. Participating in joint planning with other agencies and groups in developing needed resources; and

   e. Developing working relationships with other agencies providing needed services to assure the maximum availability of these services to OAS applicants and recipients.

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A-310.16 ORGANIZED SPECIAL RESOURCES A-310.16

The county welfare department may establish organized special resources within the agency to provide services not being provided by direct service. An organized special resource may provide services which are normally the function of other agencies, provided:

1. The service is not otherwise available for OAS applicants and recipients;

2. The development of the service by the county welfare department is the result of joint planning with other agencies involved;

3. Prior approval has been obtained from Department of Social Welfare if the service is normally provided by another state agency or other agency providing service statewide;

4. There is continuing reassessment of the appropriateness of the service in relation to progress in the development of the service by another agency.

A-310.17 ENABLING SERVICES AND FACILITIES A-310.17

When essential to the attainment of service objectives in OAS, the county may:

1. Establish enabling services or facilities within the county welfare department, and/or

2. Purchase enabling services from sources outside the county welfare department.

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A-310.19 SERVICES WHEN AID DISCONTINUED OR NOT GRANTED A-310.19

A direct or special service initiated prior to discontinuance of aid, or prior to withdrawal of a request for assistance or to denial or withdrawal of an application for aid, is to be continued until the service objective is accomplished or until the county determines that it is no longer possible or desirable to accomplish it, providing that:

1. The objective is still valid under the current case situation; and

2. The service activity is nearing completion and cannot possibly be concluded by another agency; and

3. The county reviews the continuance of the service at sufficiently frequent intervals to assure that service does not continue beyond the reasonable period of time indicated for the individual case.

Referral to another community resource is to be made where such a resource is available and the service is needed following discontinuance of aid, withdrawal of request, or denial or withdrawal of application, whether or not the service was initiated prior to such action and whether or not the problem is related to the individual's need for financial assistance. Exception: Referral is not made where service has properly been initiated by the county welfare department and cannot feasibly be completed by another agency.

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B-138.25 TRANSFER WITH RETENTION OF LIFE ESTATE B-138.25

There is a presumption that real property transferred with retention of life estate does not affect eligibility. The life estate agreement must be written and recorded.

1. Home property

   Transfer of real property at any time with the retention of life estate does not result in ineligibility if the property is the home of the grantor and will continue to be utilized to meet his housing need.

2. Property other than the home

   Transfer of real property with retention of life estate within two years prior to application does not result in ineligibility if:

   a. The property is being utilized or a plan for utilization is in progress and the transfer does not preclude future utilization by the life tenant, or

   b. Development of a reasonable plan for utilizing the property is not possible. (See Sec. B-133.10)

B-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE - ANB B-204.11

If a recipient is in a boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed $150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance, and to cover the cost of personal care. In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation and household remedies, a flat amount of $39 is allowed. Special needs for medical care and transportation are also allowed under the conditions and within the maxima specified.

If the cost of board and personal care exceeds $150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

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These Regulations are designated to become effective AUG 1 '57

B-204.29 SPECIAL NEEDS OF BLIND PERSONS - ANB B-204.29

The actual cost of the following items is allowed if necessary to effect physical, social, or economic adjustment of the individual:

(a) Personal services, such as a personal guide, reader, shopper, etc.

(b) Guide dog, and/or maintenance therefor. An allowance of $29 a month for the maintenance of a guide dog (cost of food, veterinarian fees, etc.) may be used in lieu of individual determination in each instance.

(c) Radio phonograph and/or radio phonograph repairs, phonograph records

(d) Talking Book and/or Talking Book repairs

(e) Typewriter and/or Braille writer

(f) Artificial eyes

(g) Special appliances for the blind (including purchases and/or repair) such as white canes, watches, Braille slates

(h) Clerical assistance to supply essential reading and writing service

(i) Tuition and other school costs such as laboratory fees, books--Braille or ink print--Braille transcription costs, sound recording equipment and supplies, etc.

(j) Training, orientation, or other services and equipment required to promote self-care and self-support.

B-205.3 SPECIAL NEED FOR NURSING CARE - ANB B-205.3

If a recipient is in a boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

A. For the recipient who requires some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is $200.

B. For the recipient who requires extensive nursing care and supervision, the maximum allowance is $255.

In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation, and household remedies, a flat amount of $39 is allowed. Also, special needs for medical care and transportation are allowed under the conditions and within the maxima specified.

If a private room is recommended by doctor or practitioner, the cost, not to exceed $50 monthly, is added to the maxima specified in A and B above.

If the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: If there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

These Regulations are designated to become effective AUG 1 '57

DO NOT WRITE IN THIS SPACE

B-205.7 SPECIAL NEED FOR CARE IN A PUBLIC MEDICAL INSTITUTION - ANB B-205.7

Recipient

If a recipient enters a public medical institution as a "patient" the amount charged for care in such institution is allowed as a special need.

If the recipient remains a "patient" in such institution for more than a temporary period, i.e., two calendar months, need at the expiration of such temporary period is determined by allowing the amount charged for care in the institution in lieu of all basic allowances except incidentals. In addition, $15.00 is allowed for personal and incidental needs not furnished by the institution. Special medical needs not provided by the institution are also allowed under the conditions and within the maxima specified.

Applicant

If an applicant (or recipient requesting restoration) is a "patient" in a public medical institution at the time aid is granted, need is determined in the manner specified above for the recipient who remains in the institution for more than a temporary period.

B-205.92 SPECIAL NEED FOR EYEGLASSES - ANB B-205.92

If a physician or optometrist recommends the use of eyeglasses, the cost of refractions and of eyeglasses, not to exceed the following maxima, are allowed as special needs.

Refraction	-	$15.00
Bifocal (or cataract) lenses	- each lens	10.00
Single vision lenses	- each lens	5.00
Tinted lenses	- additional for each lens	2.00
Prism	- additional for each lens	2.00
Frames	-	7.50

(Sales tax and carrying charges, if any, are added to the above maxima.)

Special need may be allowed for more than one type of glasses only if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

B-206 SPECIAL NEED TO MEET PAYMENTS ON DEBTS - ANB B-206

Allowance is made for payment on debts under the conditions specified in Secs. B-206.1 through B-206.4. Exception: Allowance is not made for payments on any debt (secured or unsecured) if such debt resulted from receipt of public assistance including public medical care or care in a public medical institution.

Secs. B-205.7 and B-206 are designated to become effective July 1, 1957
Sec. B-205.92 is designated to become effective August 1, 1957

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B-303.2 TYPES OF TREATMENT - ANB-APSB **B-303.2**

The following list indicates the types of treatment which may be authorized by the SDSW and the maximum fee which may be allowed under the program.

FEE SCHEDULE

Cataract, Needling or Discission, operation for	$ 50.00
Cataract, operation for (to include all postoperative care within 90 to 120 days following surgery, as well as final report and refraction	175.00
Cataract, operation for (to include up to 15 days postoperative care and consultation if requested by local eye physician within 120 postoperative days)	115.00
Corneal Surgery - Nonpenetrating (to include all postoperative care within 90 to 120 days following surgery)	150.00
Corneal Surgery - Penetrating (to include 3 mos. postoperative care)	250.00
Ectropion, operation for	50.00
Entropion, operation for	50.00
Enucleation of Eye, if necessary to preserve vision in remaining eye	75.00
Glaucoma, surgery for (other than simple Iridectomy)	90.00
Iridectomy, Simple Iridectomy	75.00
Lacrymal Sac, excision of, or Dacryocystotomy	50.00
Pterygium, removal of, or other external eye surgery.....up to	40.00
Retinal Detachment, correction of, if required in postsurgical cases under Prevention of Blindness program	150.00
Retinal Detachment occurring outside of the Prevention of Blindness program may be included upon the recommendation of the State Ophthalmologist.	

Each surgery fee except as indicated includes up to 15 days postoperative care.

Office visits - $5.00 each, following 15 days postoperative period (except if surgery fee includes postoperative observation)	
Diagnostic examination (when surgery not performed)	15.00

Fee for diagnostic examination included in surgery fee when surgery follows.

PHYSICAL EXAMINATION

Physical examination to determine feasibility for eye surgery	10.00

POSTOPERATIVE TREATMENT IN LOCAL COMMUNITIES

Postoperative care and report by eye physician other than the operating surgeon (each visit)	5.00
Postoperative refraction with prescription	15.00

TREATMENT ONLY
(No surgery involved)

Initial diagnostic examination	15.00
Observation and Report	5.00

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OTHER COSTS

Consultation or anesthetist service, if required	As charged
Hospital items	As charged
Boarding home items, if required	As charged
Miscellaneous items, if required	As charged
Transportation items, if required	As paid
Personal items, such as shaves, haircuts, telephone calls, personal service, etc.	As paid Not to exceed an average of $1.00 per day for the time the patient is in the hospital or nursing home.

If an ophthalmologist performs two or more eye operations at a hospital or clinic not located in his city of residence, payment of his traveling expenses may be authorized in accordance with the rules of the Board of Control applicable to state employees. (See Sec. B-303.3)

Since glaucoma is a condition which frequently requires emergent action, treatment should be provided through local medical facilities. If no local resources are available, the SDSW may provide glaucoma treatment and/or surgery.

If medical complications not directly related to the eye treatment or surgery should develop while a person is under care of SDSW, only emergency measures can be authorized until the individual or county arranges for necessary care.

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C-010 COUNTY RESPONSIBILITY C-010

The county is responsible for receiving requests and applications for ANC, for assisting applicants in securing evidence of eligibility, for determining eligibility or ineligibility, for authorizing and paying aid promptly to eligible persons, for identifying and evaluating the problem(s) which resulted in the request for assistance, for developing a service plan for the solution of the problem(s), for providing such services as the family or individual problem may require and the county is able to render, and for developing and assisting in the development of service facilities and resources. (See Chapter C-31, Services to Families and Children.)

The county receiving a request for ANC for a child who is living in that county or who has residence in that county is responsible for determining eligibility or ineligibility and authorizing aid if eligibility exists. (See Sec. C-119.13, Transfer of Nonresident)

C-310.06 SERVICES - DEFINITIONS C-310.06

General-"Services" are defined as any planned activity directed toward assisting families and children to improve their social, psychological, health, and financial circumstances with the objectives of preventing further dependency, strengthening family life, protecting children, and enabling families and children to attain social and economic independence.

Direct Service is given by the worker carrying primary and continuing responsibility for the case or by special social work staff within the county welfare department, and consists primarily of counseling and use of the casework method within the competence of the worker. Direct service includes referral to organized special resources within the agency, or to other community resources.

An Organized Special Resource is a special unit within the county welfare department providing a service appropriate to public assistance by means of a particular approach or method of dealing directly with a specific problem or need of families or individuals, and which is governed by recognized standards in its field of activity.

Enabling Services and Facilities are services or facilities used to provide consultation for the individual or family on legal, social, educational, medical, psychiatric, psychological, and other problems, and are used only for consultation, diagnosis, and planning. Included are transportation and other services incidental to and essential to obtaining such consultation.

Community Planning includes all participation by agency staff in general community activities required by virtue of the position or office held, and in community planning activities that are reasonably related to the problems and needs of ANC recipients and families or the ANC program.

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C-310.15 COUNTY RESPONSIBILITY - GENERAL C-310.15

The county welfare department is responsible for:

1. Identifying and evaluating such social, psychological, health, or financial problems as the family or individual may have; developing a service plan for meeting the problems; providing such services as the family or individual may need and the county is able to render either through direct service by the caseworker, an organized special resource in the county welfare department, or referral to other community resources; and, where referral is made, for assisting families and individuals to use these other resources to their best advantage. (Also see Sec. C-222.50.)

2. Community planning activity, including:

   a. Identifying the need for resources in the community to meet problems frequently found in the ANC caseload;

   b. Making needs of ANC families and individuals for community resources known to the community;

   c. Stimulating community action that affects the ANC program either directly or indirectly or meets the needs of individuals or groups of ANC families;

   d. Participating in joint planning with other agencies and groups in developing needed resources; and

   e. Developing working relationship with other agencies providing needed services to assure the maximum availability of these services to ANC families and children.

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C-310.16 ORGANIZED SPECIAL RESOURCES C-310.16

The county welfare department may establish organized special resources within the agency to provide services not being provided by direct service. An organized special resource may provide services which are normally the function of other agencies, provided:

1. The service is not otherwise available for ANC families and individuals;

2. The development of the service by the county welfare department is the result of joint planning with other agencies involved;

3. Prior approval has been obtained from the SDSW if the service is normally provided by another state agency or other agency providing service statewide;

4. There is continuing reassessment of the appropriateness of the service in relation to progress in the development of the service by another agency.

C-310.17 ENABLING SERVICES AND FACILITIES C-310.17

When essential to the attainment of service objectives the county may:

1. Establish enabling services or facilities within the agency and/or

2. Purchase enabling services from sources outside the agency.

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C-310.19 SERVICES WHEN AID DISCONTINUED OR NOT GRANTED C-310.19

A direct or special service initiated prior to discontinuance of aid, or prior to withdrawal of a request for assistance or to denial or withdrawal of an application for aid, is to be continued until the problem is solved or until the county determines that it is no longer possible or desirable to accomplish the objective of the service, providing that the objective is still valid under the current case situation, and the service activity is nearing achievement and cannot feasibly be concluded by another agency. The county is responsible for reviewing the continuance of service at sufficiently frequent intervals to assure that service does not continue beyond the reasonable period of time indicated for the individual case.

Referral to another community resource is to be made where such a resource is available and the service is needed, following discontinuance of aid, withdrawal of request, or denial or withdrawal of application whether or not service was initiated prior to such action and whether or not the problem is related to the family's or individual's need for financial assistance, except that referral is not made where service has been initiated by the county welfare department and cannot feasibly be completed by another agency.

C-310.20 REFERRAL FOR MEDICAL TREATMENT C-310.20

Referral service to the appropriate community resource is to be made available for all persons in the family needing medical, psychiatric, psychological or mental health treatment services whenever such services are available.

C-311.10 EXPLORATION OF POTENTIAL RESOURCES C-311.10

The county welfare department is responsible for reviewing with the family all of their resources which have possibilities of producing income and for providing all needed assistance to the family in developing income from potential resources. (Also see Secs. C-010 and C-212.10.)

The family is responsible for giving all information necessary to determine if it has resources which might be made available and for taking all necessary actions within its ability to develop resources and produce income. (Also see Sec. C-212.20.)

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C-315 PLANNING TOWARD REHABILITATION AND EMPLOYMENT C-315

Where the need has been identified for services to assist members of the family in becoming employable, in finding reasonable employment, or in increasing their capacity for self-care, such services are to be given by the county through direct service, an organized special resource, or by referral to other community resources where they may be obtained.

The family is responsible within its capabilities for developing and following through on plans for achieving self-maintenance. Ineligibility results if the parent deliberately and repeatedly refuses to take action as required under W&IC 1523.5 and 1523.6. However, aid is not to be discontinued solely because a plan proves unsuccessful or because it fails to produce immediate net income.

C-318 PREVENTATIVE SERVICES C-318
(Repealed)

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F-110 DEFINITION OF TERMS F-110

To insure uniform understanding and application of certain words and abbreviations used in this manual, the following definitions are given:

1. Applicant - The applicant is the person requesting that aid be granted and who signs the application form. He may also be the same person to whom aid is to be paid or for whom aid is granted.

2. Payee - The payee is the person to whom the aid warrant is drawn and who has the responsibility for its disbursement for the benefit of the recipient(s). In most OAS, ANB, and APSB cases the payee is also the recipient.

3. Recipient - The recipient is the person(s) for whose benefit the aid is paid.

4. Categorical Aid - The term "categorical aid" includes OAS, ANB, APSB, and ANC (including county supplemental aid in ANC) and excludes county general relief and all other county welfare payments.

5. Authorization - The term "authorization" or "authorizing action" refers to action taken by a county board of supervisors or its duly appointed agent(s) in granting, denying, suspending, restoring, increasing, or decreasing payment of categorical aid, and returning erroneous repayments.

6. Eligible and Ineligible - The term "eligible" generally refers to meeting the requirements for the receipt of aid. The term "ineligible" generally refers to the failure to meet requirements for the receipt of aid. As used in Chapter VII, these terms refer to the meeting, or the failure to meet, requirements for federal participation in aid payments.

7. Persons Count - The term "eligible persons count" refers to the number of recipients in a particular month in whose aid payment the federal government will participate. The term "ineligible persons count" refers to the number of recipients in a particular month in whose aid payment the federal government will not participate.

8. BHI - Boarding Homes and Institutions, as used in this manual, refers to children in foster homes or institutions who receive ANC.

(W&IC 116)

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F-240 CONTROLS ON AUTHORIZATIONS TO PAY OR DISCONTINUE AID F-240

In support of Form ABC 820 or 820 A (F-770,C), Reconciliation Statement, required to be submitted with each monthly aid claim, each county shall maintain in an auditable manner and conveniently accessible to state and federal auditors, the following records:

1. A register, or its equivalent, supporting the reconciliation statement and summarizing the money effect of actions taken by the board of supervisors (or agent) in granting, modifying, or discontinuing aid. Form ABC 822, Register of County Authorizations, is recommended as being applicable in most counties for this purpose.

2. In addition to the completed, signed authorization documents required to be filed in individual case records, each county shall maintain a chronological file of authorization documents grouped according to board of supervisors (or agent) action date. Such a group is hereafter referred to as a "batch." Each batch may be subdivided by type of action, that is; new cases and restorations, increases, decreases or discontinuances. The individual documents shall be filed within each batch in state

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number order. To each batch shall be attached a recapitulation of the money effect of the documents included in it. This may be in the form of a listing or some other type of recapitulation suitable in the individual county. It shall, however, identify the individual cases entering into the batch totals, and shall be signed by the board clerk or agent. (See Sec. F-300.) Form ABC 821, Batch Voucher, is recommended as being applicable in most counties for this purpose. The totals of each batch voucher shall be entered in the register of authorizations (or its equivalent) referred to in Item 1, above.

3. Batch vouchers shall be grouped and totalled separately for each type of claim:

a. OAS

b. ANB

c. APSB

d. ANC

e. ANC-BHI

(W&IC 114, 115, 116)

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F-310 RULES GOVERNING AID PAYMENTS F-310

A. METHOD AND TIME OF PAYMENT

All aid paid shall be by warrant of the county, except that in ANC mismanagement cases aid may be paid totally or partially in kind. (See Sec. F-360.)

County warrants issued in payment of aid shall be redeemable at par. The county shall at all times guarantee the cashing of warrants without discount. If it becomes necessary for the county to register its warrants, the SDSW shall be notified at once as to arrangements made:

1. With local banks for the immediate cashing of warrants at par on demand, or

2. Through the State Department of Finance under the provision of Sec. 29870 et. seq. of the Government Code.

Payments of aid shall be made monthly in advance, except certain payments in ANC mismanagement cases (See Sec. F-360), and payments of ANC for children who are living in boarding homes or institutions. Payments of ANC for children living in boarding homes or institutions shall be made to the boarding home or institution subsequent to the furnishing of care and support. One warrant may be issued to each boarding home or institution covering all children receiving ANC in the home to whom board and care is given during the month, or a separate warrant may be issued for each child or family group.

Payment is effective by deposit of the warrant, properly stamped and addressed, in the U. S. mail, or by delivery to the payee by an authorized representative of the county. Enclosures with warrants are restricted to those matters relating to administration of the program under which the warrant is issued.

Advance payment means delivery of the warrant on, or as near as possible to, but not before, the first day of the month. The warrant shall be deposited in the mail in sufficient time to insure delivery on the first postal delivery day of each month. (See Government Code 29800)

If a recipient is eligible on the first day of the month, he is entitled to receive payment for the full month.

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The state, federal, and county portions of the aid shall be paid at one time by a single warrant.

B. LIMITATIONS AS TO PAYEE

1. Recipient of Payment

In OAS, ANB, and AFSB payments of aid shall be made promptly and directly to the recipients, except in cases involving guardianships of the estates. (See Manual of Policies and Procedures - OAS and AB.) In ANC, payments of aid shall be made directly to the authorized payees (see Sec. C-222 of the Manual of Policies and Procedures - ANC), except in mismanagement cases. (See Sec. F-360, and Sec. C-222.50 of the Manual of Policies and Procedures - ANC.)

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2. Payments Upon Death of Recipient or Payee

If an eligible recipient, including child receiving ANC, dies on or after the first day of the month, aid shall be paid for the full month even though the warrant had not been delivered before death occurred. If the county has knowledge that the recipient died on or after the first day of the month and prior to the preparation of the warrant, except in ANC, the warrant shall be made payable to one of the following:

a. The decedent.

b. The duly appointed and qualified executor or administrator of the recipient's estate.

c. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate. If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be made payable to such successor when he furnishes the county auditor with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.

If a recipient (other than ANC) dies before aid authorized prior to his death is paid to him, such aid shall be made payable as outlined above. If aid is authorized subsequent to the applicant's death or if aid is increased by county action subsequent to the recipient's death, such aid is not payable and the warrants, if drawn, shall be canceled except in cases of appeal granted by the SSWB, when the appeal was filed before the applicant's or recipient's death.

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A warrant which has not been endorsed may be endorsed only by one of the following:

d. The duly appointed and qualified executor or administrator of the recipient's estate.

e. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate.

(1) If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be endorsed by such successor when he furnishes the county with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.

(2) Endorsements on warrants made under Summary Probate Proceedings should incorporate or refer to the affidavit required of persons claiming estates under Sec. 630 of the Probate Code, Summary Probate Proceedings. If the payee is other than the recipient, the warrant shall not become part of the payee's estate in case of the payee's death. The warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

In ANC, if the payee dies, the warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

(W&IC 1552.3, 1560, 2140, 2183, 3075, 3460)

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F-500 STATE PARTICIPATION IN AID PAYMENTS F-500

The State Government participates within the statutory maxima, in all OAS, ANB, APSB, and ANC payments which are properly authorized by county boards of supervisors or their duly appointed agents and are paid to or on behalf of eligible persons provided:

1. The recipient is in receipt of one categorical aid only.

2. Payment is made for a month in which the recipient is living, and only to the recipient or the authorized payee, except in certain situations involving payment for the month in which the recipient dies. (See Sec. F-310)

3. The warrant for the payment is presented for redemption to the county treasurer within six months of its date, or if a reissued warrant, within the same time limit applying to the original warrant. (See Sec. F-320)

4. The warrant is properly endorsed. (See Sec. F-310)

5. Payment is not in kind, controlled, or restricted. Exception: payments for ANC mismanagement cases (see Sec. F-360, and Sec. C-222.50 of the Manual of Policies and Procedures - ANC).

6. New, restored or retroactive payments or payments following suspension are made only in accordance with Chapter 22 (Aid Payments) of the OAS, AB and ANC Manuals of Policies and Procedures.

7. The warrant for an initial payment is delivered during the month in which county action authorizing aid is taken, or not later in the following month than such delivery would normally be made under the county's customary fiscal procedure.

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432)

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F-520 FEDERAL PARTICIPATION IN AID PAYMENTS F-520

The Federal Government participates in most, but not all, of the OAS, ANB and ANC payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS and ANB there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from tuberculosis or mental disease. Federal participation is therefore not available in payments to or for recipients in private homes or institutions licensed by the State Department of Mental Hygiene to care for the mentally ill or in private tuberculosis institutions licensed by the State Department of Public Health. Likewise there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. (If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month.) See Manual of Policies and Procedures-OAS and AB.

2. Any payment made to a guardian who is an employee of the State Department of Mental Hygiene.

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A)

2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E)

3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C)

4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.

5. Which, in a mismanagement case, includes an amount for fewer than two budget items, is controlled, or is made in kind. (See Sec. F-360 and Sec. C-222.50 of the Manual of Policies and Procedures - ANC)

In APSB, there is no federal participation.

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The following are additional circumstances which govern federal participation:

A. INITIAL PAYMENTS ON NEW APPLICATIONS, REAPPLICATIONS AND RESTORATIONS

The first payments made on new applications, reapplications and restorations are initial payments.

In ANC, "initial payments" also include the first payment for a child transferred from a boarding home to a family budget unit, for the addition of a child to a family budget unit already on ANC, or for the addition of an eligible relative, whether the actual payment is or is not increased. Federal participation is not available prior to the month in which authorizing action is taken to transfer or add a child or eligible relative.

If the investigation of eligibility has extended beyond the period specified in W&IC Secs. 1550, 2180.5, 2180.6 or 3082, the initial payment may represent payment for more than one month. There is no federal participation in retroactive initial payments except as provided in Item B of this section.

There is federal participation beginning with the payment for the month in which the aid is granted if the warrant for the month is delivered in the same month, or not later in the following month than the time when such payment would normally be issued under the county's customary fiscal procedure.

Exceptions:

1. In OAS and ANB there is no federal participation in the first payment delivered to an applicant who remains in a public institution for the full month for which the warrant was paid, other than an eligible patient in a public medical institution. (See Manual of Policies and Procedures OAS and AB)

2. In OAS, there is no federal participation in aid which is paid "conditionally" on the basis of "presumptive eligibility" unless the county completes its investigation and determines eligibility within two months after the first month for which aid was paid conditionally. Federal participation in the payments shall be claimed retroactively. Such retroactive federal participation shall be claimed on the basis of the grant as determined by the completed investigation. Conditional aid can be paid only following discontinuance of OAS because of employment.

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B. RETROACTIVE AID

Retroactive aid means aid paid in a subsequent month for some preceding month or months.

1. Appeals

Federal participation is available beginning with the payment for the second month prior to the month in which the appeal was filed, excluding any month within this period which was prior to the month in which aid was improperly denied or withheld. The foregoing applies to payments made to carry out an appeal decision by the SSWB, or to adjust an appeal which has been filed but not yet heard or submitted to the SSWB for decision.

2. Erroneous Denial of an Application or Erroneous Discontinuance of Aid

There is federal participation in certain retroactive payments made by a county to correct its previous erroneous action. Such participation begins with the second month prior to the month in which the correcting action is taken, provided federal participation would have been available had the previous action been correct (i.e., there is no federal participation in payment for any month prior to that in which aid was improperly denied. Had the correct action been taken in the first place, the payment for such previous month would have been a retroactive initial payment in which no federal participation would have been available.)

3. Aid Increased

Aid which was paid in accord with the authorized award is later found to be less than the amount to which the grantee was entitled, and the additional amount due is paid. There is federal participation in the retroactive payment provided it is authorized before the end of the second month after the month for which paid.

4. Earlier Beginning Date of Aid on an Application or Restoration

The beginning date of aid originally established may not have been in accord with statutory requirements. Subsequent action is taken to authorize aid from an earlier date. There is federal participation in the retroactive payment made to correct the previous erroneous authorization provided:

a. the correcting authorization is made before the end of the second month following the month in which the erroneous authorization was made

and

b. the retroactive aid authorized is not for a month prior to the month in which the original authorization was made.

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C. CORRECTION OF PAYMENTS NOT MADE IN ACCORDANCE WITH THE AUTHORIZED AWARD

1. Payment Made for Less than the Authorized Award

The payment for a particular month was erroneously made for less than the authorized award or no payment was made although there was an authorized award in effect. Payments disbursed before the end of the second succeeding month will be subject to federal participation.

2. Payment Made for More than the Authorized Award

If payment for a particular month was more than the authorized award, there is federal participation in the excess payment only if the overpayment is deducted from the payment for either of the two months following the month for which overpayment was made. No change in the authorized award shall be made to correct the overpayment. (See Sec. F-760 for claiming procedure)

D. DELAYED PAYMENTS

Under each of the following circumstances, if payment was properly authorized, federal participation is available provided the payment is released within the two months succeeding the month in which the payment was authorized.

1. Returned Warrants Due to Change of Address

Warrants returned to the auditor's office because of change of address shall be transmitted to the new address promptly but not later than the above specified time limit.

2. Payment of Suspended Aid

Warrants are released following suspension of payment while investigation is made. (See Sec. A-226.12 of the Manual of Policies and Procedures-OAS, Sec. B-226.12 of the Manual of Policies and Procedures-AB, and Sec. C-226.12 of the Manual of Policies and Procedures-ANC) Initial warrants may not be suspended.

3. Change in Payee

Aid is continuous and delay occurs because of change in payee.

4. Transfer of Aid

The second county, in a transfer case, fails to begin aid on the due date and pays retroactive aid from that date.

(W&IC 1553, 1560, 2140, 2183.9, 2186, 3075, 3087; FSSA)

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F-525 REQUIREMENTS FOR FEDERAL PARTICIPATION - ANC F-525

Federal participation in ANC is available for cases in which the following requirements are met:

1. The child is living in the home of a relative.

2. The payee is one of the following:

   a. The relative in whose home the child is living

   b. The legal guardian of the relative with whom the child is living

   c. The child, if that is a desirable social plan

   d. In an emergency, a person acting temporarily for the relative with whom the child is, or was, living.

In addition, federal participation is available in the payment of assistance for any one of the needy relatives specified in Item A with whom the federally eligible child is living, providing the following requirements are met:

1. The relative with whom the child is living is exercising primary responsibility for the care and control of the child.

2. The relative is not receiving any other form of categorial assistance.

3. A money payment is made for the child for the month in which federal participation is claimed for the relative.

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F-525 (Continued) F-525

A. DEFINITION OF LIVING IN THE HOME OF A RELATIVE FOR FEDERAL PARTICIPATION

For purposes of federal participation in the payment of ANC, the child must be living with a person included in one of the following groups:

1. Any blood relative, including those of half-blood, except second or third cousins. Relationship to persons of preceding generations as denoted by prefixes of grand, great, or great-great are within this definition.

2. Stepfather, stepmother, stepbrother, and stepsister.

3. Any person who legally adopted the child or adopted the child's parent; also the natural children or other adopted children of such person.

4. Spouses of any persons named in the above groups. Such relatives may be considered within the scope of this provision even though the marriage is terminated by death or divorce.

A child shall be considered to be living in the home of a relative as long as the relative takes responsibility for the care and supervision of the child, even though circumstances may require temporary absence of either the child or the relative from the home. Temporary absence which does not affect the relationship of the child to the relative under this definition includes but is not limited to:

1. Hospitalization of the child or relative, if the illness is of such a nature that a return to the family can be expected and the relative's responsibility for the care and supervision of the child continues during the hospitalization. (ANC may not continue more than two calendar months for a child in a public hospital. See Sec. C-141 of the Manual of Policies and Procedures - ANC.)

2. Attendance at school, if the purpose is primarily for obtaining an education or vocational training and the relative retains responsibility for the child.

3. Visiting, vacationing, moving to other communities, and similar situations.

A child shall be considered to be living in the home of a relative if that relative has a plan to establish a home for the child. Assistance may be granted prior to the child's arrival in the home, as a resource to assist in accomplishing the plan. The child shall be considered to be living in the home only if he goes to live with that relative within thirty days of the receipt by the relative of the first payment. Federal participation is available for such initial payment. (W&IC 1560, FSS-Admin.)

(Continued)

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41998 8-56 30M SPO

F-525 (Continued) F-525

B. DETERMINATION OF LIVING IN THE HOME OF A RELATIVE FOR FEDERAL PARTICIPATION

The county shall determine whether the child is living in the home of a relative. Relationship can usually be established by an interview with the applicant or parent. If there is a question regarding the relationship, it may be necessary to secure further evidence through documents or interviews with other persons.

If a child or relative is out of the home because of hospitalization, visiting, moving, etc., the county shall determine whether the absence is temporary and its affect on the responsibility of the relative for the care and supervision of the child.

If the child is absent for the purpose of attending school, the county shall determine whether the child is attending school in some other community or in an institution whose program is designed to meet his specific educational or vocational needs because regular or special school programs are not accessible to the child's home.

If aid is being granted to re-establish a home for the child prior to the time he goes to the home, the county shall determine that the relative has a workable plan for re-establishing the home and that he will exercise responsibility for the care and supervision of the child upon completion of the plan. The beginning date of such payment shall not antedate the date of application by the relative. The county shall determine and record in the narrative the date the child arrived in the home.

At any time there is a change of payee, a redetermination as to whether the child is living in the home of a relative shall be made.

(W&IC 1560)

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17845 5-55 30M SPO

F-525 (Continued) F-525

C. DEFINITION OF ELIGIBLE PAYEE FOR FEDERAL PARTICIPATION

To obtain federal participation in ANC the payee must be one of the following:

1. The relative with whom the child is living provided he is within the relationship listed in Item A.

2. The guardian, if there be one, of the relative with whom the child is living.

3. The person acting for the relative during a temporary emergency period. If an emergency deprives the child of care by the relative with whom he has been living, payments may be made for a temporary period to a person acting for the relative. Such emergency would include one in which there was not sufficient time to determine whether there is another relative in whose home the child could live or to effect plans for the child's continuing care and support in the home of another relative. Such emergencies may arise in cases of the relative's sudden death, desertion, imprisonment, or commitment to a hospital for the mentally ill, etc. The period that payments are made to an emergency payee shall be limited to the time actually necessary to make and carry out plans for the child's continuing care and support in the home of another relative.

(W&IC 1560)

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41998 8-56 30M SPO

F-525 (Continued) F-525

D. DETERMINATION OF ELIGIBLE PAYEE FOR FEDERAL PARTICIPATION

If an ANC payment is made to a relative with whom the child is living, the county shall determine whether the payee is a relative within the relationship enumerated in Item A.

If payment is made to the guardian of the relative with whom the child is living, the facts of the guardianship, i.e., the date letters of guardianship were issued, the name of the guardian, whether he is guardian of the person or the estate or both, the name of the court appointing the guardian, and a summary of any special instructions of the court to the guardian, shall be determined.

If payment is to be made to an emergency payee, the county shall determine whether:

1. ANC with federal participation was being paid for the child at the time the emergency occurred.

2. Payments to the emergency payee will be made only for the purpose of making and carrying out active planning for the continuing care of the child.

3. Payments are made only for the period of time necessary to make or carry out plans for the child, including transfer of responsibility for the child to another relative or to determine that there is no other relative willing to assume responsibility for the child.

(W&IC 1560)

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17845 5-55 30M SP

F-525 (Continued) F-525

E. DEFINITION OF NEEDY RELATIVE ELIGIBLE FOR FEDERAL PARTICIPATION

For purposes of federal participation in the ANC payment in behalf of the relative with whom the child eligible for federal participation is living, the following conditions shall be met:

1. The relative must be a relative specified in Item A with whom the child is living.

2. The relative must be in need, i.e., included as a member of the family budget unit as outlined in Sec. C-201 of the Manual of Policies and Procedures - ANC.

3. The relative must be exercising primary responsibility for the care and control of the child either singly, or as in the case of a married couple, jointly.

4. The relative must not be receiving any other form of categorical assistance.

5. A money payment must be made for the child for the month in which federal participation for the relative is claimed.

Usually, the needy relative eligible for federal participation will also be the eligible payee. However, this is not a requirement if the child is living with more than one relative. For example, the incapacitated father who is receiving ANB may be the payee for the ANC assistance payment and the mother may be considered the eligible needy relative. In such cases, the payee must meet the requirements specified in Item C.

(W&IC 1560; FSS-Admin.)

F. DETERMINATION OF NEEDY RELATIVE ELIGIBLE FOR FEDERAL PARTICIPATION - ANC

If federal participation in ANC is to be claimed for the payee as the eligible needy relative, the county shall determine that the payee is needy and that he is not receiving any other form of categorical assistance. Inclusion of the payee in the family budget unit in determining the amount of the assistance payment is sufficient evidence of need.

If the eligible needy relative is other than the payee, the county shall determine that the child is living in the home of the relative in accordance with Item B in addition to the determination that he is needy and not receiving any other form of categorical assistance.

(W&IC 1560; FSS-Admin.)

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17845 5-55 30M SPC

F-700 TYPES OF AID CLAIMS F-700

Governmental participation in aid payments made by the counties in the categorical aid programs is allowed by the state on the basis of claims filed by each county. Claims are filed monthly with the SDSW and are classified according to type as follows:

A. VOUCHER CLAIMS

Voucher claims, upon approval by the SDSW, are applied as credits against the monthly advances made to the counties on the basis of quarterly estimates and include the following:

1. Old Age Security
2. Aid to Needy Blind
3. Aid to Partially Self-supporting Blind Residents
4. Aid to Needy Children (excluding children in boarding homes and institutions)

B. CASH CLAIMS

Cash claims for ANC in Boarding Homes and Institutions, upon approval by the SDSW, are certified to the State Controller for payment to the county by state warrant. These claims include all payments for children who are placed in boarding homes or institutions.

(W&IC 116, 1556, 1556.5, 2189, 3087.3, 3482; FSSA)

F-710 FORMS USED IN AID CLAIMS F-710

Monthly claims for categorical aid payments are prepared on the following forms:

A. CERTIFICATION, FORMS AG, BL, CA 800

These forms are required in triplicate and provide the certification of county officials upon which claims are approved for payment or credited against advances. They shall be signed by the county welfare director and the county auditor or auditor-controller.

B. CLAIM SUMMARY SHEET, FORMS AB, CA 802

These forms are required in triplicate and summarize claims for individual items detailed on the aid payrolls, contra rolls, and schedules of adjustment for the current formula periods. The totals are transferred to the certification form.

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F-710 (Continued) F-710

C. OAS, ANB, ANC VOUCHER CLAIM SUMMARY SHEET, FORMS AB, CA 802A

These forms, required in triplicate, summarize claims for individual items detailed on the OAS, ANB, or ANC voucher aid payrolls, contra rolls, and schedules of adjustment applying to the federal formula period October 1, 1952, through September 30, 1956. The totals are transferred to the appropriate line on the certification form.

D. RECONCILIATION STATEMENT, FORM ABC 820 OR 820A

This form, required in triplicate, is prepared from batch voucher controls as provided in Sec. F-240 and is to be signed by the welfare director or county auditor depending upon which office maintains the reconciliation controls and prepares the statement. (See Sec. F-770, C.)

E. AID PAYROLLS AND CONTRA ROLLS, FORMS AB, CA 801 AND CA 801-BHI

These forms are required in original only or legible first copy. Those retained in the county (see Sec. F-210) shall be exact duplicates. The information provided for on the SDSW prescribed payroll and contra roll forms is the minimum information required. Any special county forms shall contain all of the information required by the state forms and shall not be used by a county prior to specific written approval of the SDSW.

F. SCHEDULE OF REPAYMENTS, FORM ABC 803

This form, required in original only, is used for reporting voluntary repayments for all periods and repayments of aid applying to federal formula periods prior to October 1, 1952, (APSB prior to October 1, 1947, and ANC-BHI prior to October 1, 1939). The totals are transferred directly to the appropriate lines of the certification form.

G. REPORT OF REPAYMENT, FORM ABC 808

This form, required in original only, provides for computation of the distribution of individual repayments of aid according to governmental sharing formulas. Its detail supports the contra roll for repayments in the current and prior formula periods, or the schedule of repayments for older formula periods, and voluntary repayments for all periods. All pertinent data for which provision is made on the form shall be provided for each individual repayment.

Counties should complete accurately and submit the report of repayment, Form ABC 808. If, after a showing of accuracy, the county desires to retain these forms in county files rather than submit them to SDSW, it may request SDSW for permission. If SDSW grants permission, a copy of the Form ABC 808 must be included with the other records which are filed together by month in a place convenient to state and federal auditors. Permission to retain Form ABC 808 will be granted only to counties who have a showing of continuing accuracy.

H. SCHEDULE OF ADJUSTMENTS, FORMS AB, CA 816

These forms, required in original only, are used by the county to effect the necessary corrections in the current claim or in claims for prior months. The form is also used by the SDSW in making state adjustments of county claims for prior months.

(W&IC 116, 1556, 1556.5, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

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41998 8-56 30M SPO

F-730 CLAIMING OF AID PAYMENTS F-730

A. CLAIMS-GENERAL

County payments of categorical aid shall be listed in state case number order on aid payrolls, Forms AB, CA 801, and CA 801 BHI. Exceptions: Noncounty (N), Nonfederal (K), and Noncounty Nonfederal (S) cases may be reported on separate pages of the payroll. BHI cases may be listed alphabetically by payee. If the alphabetical arrangements are used and there is more than one case with the same payee, they shall be listed in state case number order under the name of each payee.

The payments being claimed shall be listed in separate payroll sections according to whether they are included in the continuing roll, current supplemental rolls, or rolls for payments applicable to prior months.

On all payrolls and contra rolls, the following information shall be provided in the appropriate headings and columns:

1. The name of the county filing the claim.

2. The month and the year of the claim.

3. The type of roll, i.e., payroll, cancelation contra roll, or repayment contra roll.

4. State case numbers.

5. In OAS, ANB, and APSB payrolls and contra rolls the payee's name exactly as it appears in the signature on the application. If county mechanical equipment makes it advisable, the given initials only need be shown. If a guardian of the estate has been appointed, both the name of the guardian and the name of the recipient shall appear on the aid payroll.

   In ANC, the name of the payee shall be shown exactly as it appears on the latest authorization document. In ANC voucher claims, the names of the children need not be shown. In ANC-BHI the name and the amount of payment for each child and name of the payee shall be shown.

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41998 8-56 30M SPO

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-730 (Continued)

F-730

6. In OAS and ANB the warrant amount and the excess over the federal matching base. In APSB, the warrant amount.

   In ANC, the persons count in each case for individuals eligible and ineligible for federal participation segregated as to needy eligible relative, eligible children and ineligible children; the warrant amount including any county supplemental aid; and the state and federal bases amounts.

   In ANC-BHI, the number of children, the warrant amount including any county supplemental aid, and the state basis amount segregated into columns according to county residence. In ANC-BHI, the amounts paid and basis amounts shall not be shown in total for each case but shall be segregated individually for each child in the case.

7. The warrant numbers and dates. If all warrant numbers on a given roll or page carry the same date, the date may be indicated at the beginning of the roll or top of the page rather than individually for each warrant.

8. All pages in a payroll or contra roll section shall be numbered consecutively and shall carry individual totals by page for each column. In addition to the column totals, the numbers of persons by participation status shall be totaled at the foot of each page. Page totals shall be added and footed on the last page of each section.

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41998 8-56 30M SPO

F-730 (Continued) F-730

B. CLAIMS FOR PRIOR MONTHS

Payments for prior months may be grouped on the payroll in either of two ways:

1. According to month in state number order under each month (alphabetically by payee under each month in BHI optional).

2. In state number order only (alphabetically by payee in BHI optional) with the month to which each payment applies shown in the remarks column. If one warrant is issued covering more than one prior month for a given case, the total warrant amount need not be shown, but the amount paid for each individual month shall be reported separately.

The method selected by each county shall be used consistently on each monthly claim and from month to month.

OAS, ANB, and ANC voucher payrolls shall be grouped and totaled separately for months within the current federal formula period beginning October 1, 1956, and the prior federal formula period October 1, 1952 through September 30, 1956.

I. CLAIMING FOR OAS AND ANB RECIPIENTS IN PUBLIC MEDICAL INSTITUTIONS

(Repealed)

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These Regulations are designated to become effective JUL 1 '57

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-730 (Continued)

I. REPORTING OF RETURN OF ERRONEOUS REPAYMENTS

If an erroneous repayment has already been reported on a claim to the SDSW and such erroneous repayment is returned to the person, the county shall report the return on a current claim in the same manner as payments for prior months are reported or, if the county fiscal procedure requires it, as a credit item on the contra rolls for repayments.

If the erroneous repayment was not previously reported on a claim to the SDSW, the return of the erroneous repayment shall not be reported, but all pertinent facts regarding the return shall be incorporated into the case record.

J. HELD OR SUSPENDED AID WARRANTS

An aid warrant once drawn, even though held or suspended, shall be claimed in the same manner as other aid warrants delivered in the month in which drawn. If a held or suspended warrant is later canceled, the cancelation shall be reported on the claim for the month in which canceled and a copy of the document authorizing the cancelation shall be filed in the recipient's case file. Initial warrants may not be suspended.

(W&IC 116, 1510, 1511, 1512, 1552.2, 1552.3, 1553, 1554, 1556, 1556.5, 1559, 1560, 2020, 2021, 2140, 2183, 2186, 2187, 2189, 2200, 2222.7, 3025, 3075, 3084, 3087.1, 3087.3, 3420, 3432, 3460, 3472, 3480, 3482; FSSA)

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41998 8-56 30M SPO

F-740 REPORTING OF WARRANT CANCELLATIONS F-740

A. CURRENT CANCELLATIONS

Current cancellations are defined as warrants canceled in the current month which were issued during the current month for the current month or for some prior month(s). Such items shall be reported on the claim for the month in which issued and canceled. Current warrant cancellations shall be listed in state number order by month and shall be reported on a contra roll exactly as claimed on the payroll. Indicate by "Incr" each warrant canceled for which a persons count is not included in the claim.

B. PRIOR CANCELLATIONS

Prior warrant cancellations are defined as warrants canceled in the current month which were issued and claimed in some prior month(s). Prior cancellations shall be reported by month in state number order on contra rolls exactly as originally claimed, or as corrected by SDSW audit. Indicate by "Incr" each warrant canceled for which a persons count is not included in the claim.

OAS, ANB, and ANC voucher prior cancellation contra rolls shall be grouped and totaled separately for months within the current federal formula period beginning October 1, 1956, and the prior federal formula period October 1, 1952, through September 30, 1956.

C. CLAIM ADJUSTMENT FOR CERTAIN CANCELLATIONS

When reporting the cancellation of one warrant and where a supplemental warrant for the same month remains in effect, an adjustment should be reported on Form AB, CA 816 (Schedule of Adjustments) to allow the correct persons count, bases amounts, and/or excess for the remaining warrant. See Sec. F-760, Item A,

Example - An OAS recipient received a warrant for $75.50 ($20.50 excess and a persons count claimed) on April 1, 1956, and a warrant for $4.50 ($4.50 excess and no persons count) on April 15. The $75.50 warrant was found to be outstanding for over six months, and the persons count was included with the cancellation on the October 1956 claim, therefore, an adjustment should be reported on Form AB 816, deleting the $4.50 excess and adding a persons count for the $4.50 warrant still in effect.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482; FSSA)

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41998 8-56 30M SPO

F-750 REPORTING OF REPAYMENTS
(Subsection C,1)

C. REPORTING OF REPAYMENTS ON CLAIMS

1. Reporting on Contra Rolls

Repayments for the current formula period and the federal formula period 10/1/52 through 9/30/56 (excluding voluntary repayments) are listed from the individual Forms ABC 808 on Contra Rolls (Form AB, CA 801 and CA 801 BHI) in state number order, showing the same information required on the payroll for aid payments (see Item A, Sec. F-730), as well as the month(s) to which each repayment applies.

For OAS and ANB enter the persons count in the remarks column after each repayment which covers the full amount originally paid for the month or months involved.

OAS, ANB, and ANC voucher repayment contra rolls shall be grouped and totaled separately for months within the current federal formula period beginning October 1, 1956, and the prior federal formula period October 1, 1952 through September 30, 1956.

The distribution on the contra rolls shall be taken from Line F of the individual Forms ABC 808, Columns 1, 2, 3, and 8 as applicable.

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These Regulations are designated to become effective JUL 1 '57

F-760 REPORTING OF ADJUSTMENTS
(Subsection A)

A. ADJUSTMENTS FOR THE CURRENT AND PRIOR MONTHS

Form AB, CA 816, Schedule of Adjustments, shall be used to make necessary claim adjustments to correct individual cases included on the current month's payrolls and contra rolls, rather than to change individual items and page totals. The same form shall be used to effect necessary corrections of errors and omission in claims for prior months, or corrections of unauthorized payments as defined in Sec. F-380.

In setting up the individual corrections on Form AB, CA 816, the entire item, as it appears on the payroll, is first entered as a minus item in red or in parenthesis. The item as it should be claimed is then entered as a plus item showing all the detail that should have been shown on the payroll. To adjust contra roll items, the same procedure is followed except that the credits and debits are reversed.

Separate schedules shall be prepared for OAS, ANB, and ANC voucher adjustments covering months within the current federal formula period beginning October 1, 1956, and the prior federal formula period October 1, 1952, through September 30, 1956.

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These Regulations are designated to become effective JUL 1 '57

F-770 PREPARATION OF CLAIM SUMMARY DOCUMENTS F-770

A. CLAIM SUMMARY SHEETS, FORMS AB 802, 802-A, CA 802 AND 802A

The Claim Summary Sheets covering the current formula periods, and the federal formula period October 1, 1952, through September 30, 1956, accumulate in the appropriate lines and columns the persons counts and warrant, bases, and excess amounts from the totals of each payroll, contra roll, and schedule of adjustments applicable to each formula period. From the net totals federal, state, and county shares are computed according to participation status for entry on the Claim Certification, Forms Ag, Bl, CA 800.

B. CLAIM CERTIFICATION, FORMS AG, BL, CA 800

The Claim Certification is the document which reflects the net totals of aid paid and repaid according to formula period and the amounts that are being claimed from federal and state funds. It is the certification of the county officials that the supporting detail in the claim is correct and includes only proper payments of categorical aid. This certification shall be accomplished by affixing the personal signatures of the county welfare director and the county auditor or auditor-controller in all cases, except that during the absence of such persons this authority may be delegated by the welfare director to an acting welfare director and by the county auditor to a deputy auditor. Such substitute signatures will be accepted provided the SDSW is notified of the persons so authorized to sign. Signatures of employees not acting in the capacity of county welfare director or deputy auditor can not be accepted as certifying to the expenditure.

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41998 8-56 30M SPO

F-790 PACKAGING AND TRANSMITTAL OF AID CLAIMS F-790

All OAS, ANB, APSB, ANC, and ANC-BHI claims filed with the state for aid payments shall be forwarded by the counties so as to be received by Central Office of the SDSW not later than the 8th working day of the month immediately following the month of claim. The ability of the state to prepare quarterly statements of expenditure for the federal government within the required deadline, which is necessary to assure timely monthly advances of federal monies to the counties, depends upon prompt transmittal of county claims.

All claims shall be addressed to SDSW, 722 Capitol Avenue, Sacramento 14, Attention: Fiscal Services. Statistical reports and material for other bureaus or divisions of the Central Office shall not be packaged with claims. Insofar as is possible, each claim shall be transmitted completely at one time in one package. Parts of claims may be submitted separately if:

1. Because of bulk, payrolls for aid claims are sent by express rather than by mail. If payrolls are sent by express, the Certification, Forms Ag, B1, CA, 800, Claim Summary Sheets, Forms AB, CA 802, AB, CA 802 A, and Reconciliation Statement, Form ABC 820, or 820A, shall be transmitted by first class mail. A statement shall be included with the mailed documents identifying the material shipped by express and the shipping date.

2. It is not possible to obtain signatures promptly on the certification forms. In this event, an unsigned completed certification (one copy) shall accompany the claim with a note or letter explaining that the signed copies (in triplicate) are to be mailed later (specify date).

3. It is not possible to reconcile the claim in time to enable transmittal by the deadline date. The reconciliation statement may be forwarded later rather than holding up the entire claim. In that event, a note or letter shall be mailed with the claim documents to indicate that the reconciliation statement will be forwarded separately (specify date).

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F-790 (Continued) F-790

One complete set of each separate claim (OAS, ANB, APSB, ANC, ANC-BHI) prior to transmittal to the SDSW shall be segregated and, depending upon bulk, shall be fastened together in the following order:

1. Certification, Forms Ag, B1, CA 800
2. Claim Summary Sheets, Forms AB, CA 802, AB, CA 802 A
3. Reconciliation Statement, Form ABC 820 or 820 A
4. Report of Repayment, Form ABC 808
5. Main Payroll
6. Supplemental payrolls for the current month
7. Supplemental payrolls for prior months
8. Contra rolls for current cancelations
9. Contra rolls for prior cancelations
10. Contra rolls for repayment of aid
11. Schedule of Repayments, Form ABC 803
12. Schedule of Adjustments, Forms AB, CA 816

The second and third sets of the summary documents, Forms Ag, B1, CA 800, AB, CA 802, AB, CA 802A, ABC 820 or ABC 820-A, shall each be fastened together and transmitted with the complete claim.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

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41998 8-56 30M SPO

F-840 EXPENDITURES CHARGEABLE TO THE CATEGORICAL AID GROUP F-840

Expenditures for purposes of administration chargeable to categorical aid programs must be directly pertinent or reasonably related to those programs and must not be properly chargeable to other programs.

Among the activities involving administrative costs for which federal participation may be claimed are:

1. Supervising the operation of the categorical aid programs;

2. Developing, evaluating, and modifying standards of operation;

3. Maintaining social, financial, and statistical records;

4. Preparing and presenting information to official bodies and the public;

5. Determining the original and continued eligibility of individuals for financial aid, ascertaining the amount of aid to be granted, and providing the aid payments;

6. Rendering personal services to applicants or recipients to assure maximum benefit from the money payment in relation to personal, family, and community resources;

7. Costs of services with respect to:

(Section Continued on Next Page)

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These Regulations are designated to become effective JUL 1 '57

F-840 (Continued) F-840

a. Providing information, making analyses, investigating, counseling, consulting, planning, and referral, including the cost of transportation and other expenses necessary to enable the applicant or recipient to receive services in respect to legal, medical, and social problems, excluding the cost of legal, medical, educational, rehabilitative, and remedial services that go beyond consultation, diagnosis, and planning;

b. Mental and physical examinations and other diagnostic services necessary to determine the mental or physical condition of the applicant or recipient or of a member of the household affecting his health and well-being, including expenses necessary to secure the service, but excluding the costs of medical treatment;

c. Services, including consultation and arrangements for counsel, necessary in the adjustment of legal problems of the applicant or recipient including the official fees, the costs of documents and other expenses necessary to secure the service, but excluding attorney's fees and, except as provided in d, the costs of judicial proceedings;

d. Guardianship proceedings for applicants or recipients of public assistance;

e. General and incidental community activities required by virtue of the position or office held, and, under conditions specified in the Public Assistance Manuals, community planning activities involving assignment of staff time or loan of staff;

f. Organized special resources within the public welfare agency for activities specified in the Public Assistance Manuals as organized special resources, to the extent that they serve public assistance applicants and recipients; (these include such items as homemaker service; foster home finding program for the aged; volunteer service; social rehabilitation, including specialized employment placement and vocational training for persons with multiple social handicaps; and services to promote self-care objectives for the aged and handicapped). For requirements of homemaker plans see Fiscal Manual Section F-845.

g. Proceedings in recovery of amounts due from or repayable by or on behalf of recipients (or former recipients) of aid.

(W&IC 1553, 2186, 3087, FSSA)

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17845 5-55 30M SPO

F-845 HOMEMAKER SERVICE F-845

Federal participation is available in the cost of administering homemaker service in public assistance programs provided the county plan for such service, in addition to meeting the general conditions pertaining to organized special resources, (A-310.16, B-314, C-310.16 and F-840) is approvable by the State Department of Social Welfare with respect to its provisions for:

1. Description of homemaker service as distinguished from housekeeper and maid service.

2. Professional direction and supervision of the service.

3. Safeguards to assure that the right of decision in matters affecting the welfare of his household remain with the recipient.

4. Selective methods for employing homemakers, including the application of health standards in the selection and training of homemakers.

5. Periodic supervisory re-evaluation of the continuing need for and suitability of the service in each case.

County plans for homemaker service shall be transmitted to the State Department of Social Welfare for review and approval and written approval must be obtained prior to claiming administrative costs of homemaker services.

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17845 5-55 30M SPO

S-126 PART C - CASES, FORMS AG 237, BL 237, APSB 237 S-126

This part is designed for reporting cases that have been granted by action of the board of supervisors and are either continuing cases or cases discontinued by county action during the current month.

Item 11. Brought Forward from Last Month - Enter the number of active cases brought forward from last month. This entry should agree with Item 15 of last month's report. If Item 15 of last month's report was in error, the correct figure shall be shown in Item 11 and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.

Item 12. Granted During Month - On each report enter the total of the entries in the sub-items; i.e., on Form AG 237 enter the sum of Items 12a through 12e, and on Forms BL and APSB 237 the sum of Items 12a through 12f.

Item 12a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.

Item 12b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 12a).

Item 12c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (A request for restoration is a request for aid by a former recipient whose grant was discontinued within 12 months prior to the date of the request.) Exclude "automatic" restorations and restorations after discontinuance of one or two months for overpayment adjustment; report such restorations in Item 12d.

Item 12d. Restorations - Written Request Not Required - Enter the number of restorations granted on which no written request for restoration is required, i.e., "automatic" restorations and restorations after one or two months discontinuance to adjust for overpayment. (For definitions of automatic restoration, see Sec. A-014.20, Manual of Policies and Procedures - OAS and Sec. B-014.20 Manual of Policies and Procedures - AB.)

(Continued)

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPC

S-126 (Continued) S-126

Item 12e. Transfers from Another County - Enter the number of transfers from another county granted during the month.

Item 12f. (Form BL 237) Transfers from APSB - Enter the number of transfers from the APSB program granted during the month.

Item 12f. (Form APSB 237) Transfers from ANB - Enter the number of transfers from the ANB program granted during the month.

Item 13. Total Cases - Enter the sum of Items 11 and 12. This item is also the sum of Items 13a and 13b. This count includes all continuing cases, all cases added during the current month in Item 12, and all cases reported as discontinued in Item 14. It will include all cases that received aid for the current month as well as cases that did not receive aid because the warrants were canceled or were not written.

Item 13a. Received OAS, ANB and APSB - Enter the number of persons who during the current month, received warrants for the current month or whose warrants for the current month were held.

(Continued)

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPC

S-126 (Continued) S-126

Item 13b. Did Not Receive OAS, ANB, APSB) - Enter the number of active cases which were not authorized to receive assistance for the current month and the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:

1. Restorations (when written request is not required), and transfers from another county granted this month, effective in a future month.

2. Include in this item cases granted so late in the current month that warrants authorized for the current month are not issued until next month.

3. Cases discontinued this month, effective the last day of preceding month or earlier.

Note: The entry in Item 13b should be an actual count of cases.

(Continued)

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPC

S-126 (Continued) S-126

Item 14. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective at the end of the current month or of a prior month.

Exception: If discontinuance action is taken in the current month to be effective at the end of a future month, report such discontinuance in the month in which the last warrant is paid.

On Forms BL and APSB 237 the entry in this item must equal the sum of Items 14a through 14d. For Form AG 237 the entry in this item must agree with the total number of discontinuances reported on Form AG 253.

Item 14a (Forms BL, APSB 237) Transfers to Another County - Enter the number of ANB, APSB cases transferred to other counties. Report such cases for the month in which the board of supervisors took action discontinuing aid.

Item 14b. (Form APSB 237) Transfers to ANB - Enter the number of transfers to ANB granted during the month.

Item 14b. (Form BL 237) Transfers to APSB - Enter the number of transfers to APSB granted during the month.

Item 14c. (Forms BL, APSB 237) Discontinued Because of Death - Enter the number of cases discontinued because of death of the recipient.

Item 14d. (Forms BL, APSB 237) All Other Discontinuances - Enter the number of discontinuances for reasons other than transfer or death.

Item 15. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 15 must equal Item 13 minus Item 14.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

S-128 PART D - NET EXPENDITURES, FORMS AG 237, BL 237, APSB 237 S-128

In Part D report net expenditures for public assistance during the month; i.e., the amount of aid paid this month, for current and prior month, minus all cancellations, repayments and plus or minus adjustments. Exclude any assistance from county General Relief funds to OAS, ANB or APSB recipients; such assistance is reported in Part D of Form GR 237.

Item 16. (Form APSB 237) Total - report the total net APSB expenditures for the month.

Item 16a. (Form APSB 237) State Share - Enter the amount of APSB reported in Item 16 to be paid from state funds.

Item 16b. (Form APSB 237) County Share - Enter the amount of APSB reported in Item 16 to be paid from county funds.

Item 18. (Forms AG, BL 237) Total OAS, ANB - Enter this month's total net expenditures for OAS or ANB. This amount must equal the sum of the amounts in Items 18a, 18b and 18c (Federal, State and County shares).

Item 18a. (Forms AG 237, BL 237) Federal Share - Enter the amounts of OAS or ANB reported in Item 18 which will be paid from federal funds.

Item 18b. (Forms AG 237, BL 237) State Share - Enter the amount of OAS or ANB reported in Item 18 to be paid from state funds.

Item 18c. (Forms AG 237, BL 237) County Share - Enter the amount of OAS or ANB reported in Item 18 to be paid from county funds.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPC

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIC
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 119.5, 119.6

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

June 27, 1957

DEPARTMENT BULLETIN NO. 541 (MERIT SYSTEM)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS
COUNTY CLERKS

(Excluding Alameda, Contra Costa, Fresno, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma, and Ventura counties)

Subject: Establishment of New Merit System Classes

Attached are copies of the specifications for the following new County Merit System classes:

1. Homemaker. The purpose of this new class is to provide a class of employment for counties interested in establishing a homemaker program for adults or children. The personnel allocated to this class may be assigned to either or both of the options designated in the class titles, namely, Homemaker--Adult, and Homemaker--Children.

2. Medical Social Worker. The purpose of this new class is to provide a professionally trained class to perform either consultative and liaison work or specialized casework in connection with the medical care program. No emergency appointments will be permitted to positions in this class.

3. Medical Social Work Supervisor. The purpose of this new class is to provide counties with a professionally trained class to be used either in the supervision of medical social workers or the establishment and coordination of the medical social work aspects of the medical care program. No emergency appointments will be permitted to positions in this class.

4. Medical Consultant. The purpose of this new class is (a) to provide a merit system class for counties who anticipate employing a Medical Consultant on a full-time basis. Positions in this category must be under the merit system; and (b) to allow counties who so wish, to bring part-time or intermittent Medical Consultants under the merit system. No written examination will be required for the class of Medical Consultant, but a well-qualified oral board will be assembled to examine applicants.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

These four new classes will go into effect August 1, 1957. Please insert these new class specifications in your copy of the Classification Plan for County Welfare Departments. Additional copies of these specifications will be sent upon request.

Very truly yours,

George K. Wyman

George K. Wyman
Director

Attachments

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

California County
Merit System
Class Specification

Effective: 8/1/57
Previous Rev:
Title Changed:
Established: 8/1/57

HOMEMAKER

Option I Adult Programs - Care of adult persons who are permanently or totally disabled, convalescent, or chronically ill.

Option II Children's Programs - Care of children in their own homes when the mother is incapacitated or absent.

Definition:

Under supervision, provides homemaker services for one or more homes (1) of adults who are incapacitated by old age or otherwise; or (2) of family units when the mother in temporarily or permanently incapacitated or absent; and performs other related duties.

Job Characteristics:

While persons in this class are county welfare department employees, they work in the private home and family setting. Homemakers usually work closely with casework staff and are expected to take varying degrees of responsibility for maintenance of the homes to which they are assigned. The homemaker performs the day-by-day tasks required to maintain and care for the family and the home. The social worker assists the family or individual adult to meet and resolve the various problems for which help is needed.

This class is distinquished from such categories of employment as practical nurse and housekeeper in that the homemaker is required to perform work normally encountered in a home setting and to assume personal responsibility for and interest in the management and development of a household in a manner consistent with the varying needs of individual families. The homemaker is required to have and use skills needed to keep a home running smoothly and also to meet the individual needs of the persons living within the family group or the needs of an aged person.

The homemaker is not expected to engage in housekeeping which is typified by "spring cleanup" activities. The homemaker may be required to accept assignments in homes where standards differ from those maintained in her own home.

Typical Tasks:

Plans meals and cooks food within a limited budget with minimum equipment; launders and mends clothing, and performs other housekeeping services; purchases food and other needed items; provides personal care for infants, young children, incapacitated or convalescent children or adults; consults with caseworker and program supervisor; writes brief reports and maintains time records.

DO NOT WRITE IN THIS SPACE

17645 5-55 30M SPO

Minimum Qualifications:

Age: At least 21 years.

Education: Equivalent to completion of the twelfth grade. Experience beyond that required below may be substituted for education on a year-for-year basis.

AND

Experience: At least two years in home management and some experience in the care of disabled, ill, or convalescent people.

AND

Option I: Responsibility for the care of aged persons.

Option II: Responsibility for the care of infants and older children.

AND

Knowledge:

Wide Knowledge of:

(1) Acceptable housekeeping and homemaking standards, including the methods, materials, and equipment used in general housekeeping work.

AND

General Knowledge of:

(1) Adequate foods and proper preparation with limited kitchen equipment.

(2) Economical purchasing practices.

(3) Proper methods of home laundering, cleaning, and mending with available equipment.

(4) Normal behavior of small children, adolescents, adults, and aged persons.

AND

Familiarity With:

(1) Routine sick room techniques for bathing, feeding, and lifting patients.

(2) Proper methods and attitudes involved in the care of physically ill, handicapped, or disabled patients in their own home.

(3) Fundamental first aid methods.

AND

Ability to:

(1) Read, write, and make simple calculations; and to follow oral and written instructions and keep simple records.

HOMEMAKER

DO NOT WRITE IN THIS SPACE

(2) Plan for food requirements and preparation time required to serve meals on schedule; willingness to spend time and energy in the preparation and serving of economical, balanced, and attractive meals, based on a limited budget.

(3) Keep clothing, linens, and other household articles neatly washed, cleaned, mended, and ironed; and perform normal light housekeeping duties.

(4) Market for food and other household materials within a limited budget.

(5) Purchase or supervise purchase of adequate and suitable clothing and other items for members of the household.

(6) Do the routine work involved in bathing, dressing, clothing, feeding, and caring for infants, disabled, or handicapped children, aged persons, or the ill or convalescent.

(7) Encourage and oversee the exercise, recreation, and rest periods of children and incapacitated adults.

(8) Carry out medical recommendations for home care of the sick and administer simple bedside care, and to detect symptoms in children and aged persons which might require immediate medical care.

(9) Establish and maintain good working relationships with others in order to gain the interest, respect, and effective cooperation of the children, family members, and aged persons; and to maintain fair and kindly but firm discipline with children.

(10) Engender an interest in, and encourage and teach children and adults to attain proficiency in performing normal household duties to the end that they may (within the limits of their respective ability or capacity) assume responsibilities for home management.

(11) Work successfully with individuals in family groups and meet the normal emotional needs of children and ill persons.

(12) Understand and accept differences in human behavior and recognize significant changes in behavior and emotional attitudes.

(13) Recognize the need for consultation and to request and use this service, when a home economist, caseworker, doctor, or nurse is needed in the performance of assigned duties; cooperate with professional welfare department staff in implementing plans for the care and treatment of people in their own homes and accept the objectives of the homemaker program.

HOMEMAKER

DO NOT WRITE IN THIS SPACE

(14) Work under welfare department administrative supervision, while assuming responsibility for maintenance of homes as assigned or required.

Personal Characteristics:

Sympathetic interest in and ability to work constructively with children, adults, and aged persons; warm considerate nature; initiative; good judgment; alertness; tact; cheerfulness; patience; dependability; integrity; maturity; emotional stability; neat personal appearance; physical ability to perform the typical tasks assigned; good health; freedom from communicable diseases; and adaptability and willingness to work in homes with varying economic and sanitary standards.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

California County
Merit System
Class Specification

Effective: 8/1/57
Previous Rev:
Title Changed:
Established: 8/1/57

MEDICAL SOCIAL WORKER

Definition:

Under supervision, to provide directly or through consultation, casework services for recipients under the medical care program; to assist members of the medical profession in evaluating the environmental, emotional, and psychosocial implications of illness; to assist recipients and families in adjusting to hospitalization, discharge planning, and the aftereffects of serious illness; and to do related work as required.

Typical Tasks:

Provides casework services, either directly or through consultation with other staff, acts as liaison between the welfare department and other public and private social agencies, and attends conferences with supervisors, other social workers, and the medical consultant to discuss case problems in connection with the medical care of recipients; interviews recipients and family members to determine the extent of social and emotional problems; interprets diagnoses and prognoses to recipients and their families to achieve adjustments to medical regimes, hospitalization, and to the diagnoses and prognoses; reviews medical records to detect areas in which casework services may be indicated and assumes or is assigned cases on the recommendation of the medical consultant; obtains social, educational, and vocational information from recipients and other sources; evaluates and analyzes such information and interprets findings to doctors and to other welfare department staff.

Confers with recipients to prepare them for hospital discharge; advises recipients on community facilities available and assists them in using such facilities; discusses alternative plans with recipients and assists them in arriving at decisions; consults with families to advise them of recipients' social, emotional, and medical needs; makes arrangements for recipients' hospital discharge; arranges for follow-up care; contacts nursing homes and institutions to arrange for admission and care of medical care recipients.

Secures cost estimates, processes applications, and arranges for the purchase or requisition of medications, appliances, and prosthesis prescribed for recipients; reviews recipients' financial status and ability to pay for services; determines eligibility for medical care; interviews recipients and responsible relatives, gathering facts regarding their real and personal property, indebtedness, and other eligibility factors; discusses relatives' financial obligation toward recipients.

Dictates case records, case summaries, and correspondence; keep work records and prepares reports.

MEDICAL SOCIAL WORKER

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

Minimum Qualifications:

EITHER I

Education: Two years of graduate training in an accredited school of social work with field work placement in medical social work.

OR II

Education: Two years of graduate training in an accredited school of social work.

AND

Experience: Six months of full-time paid medical social work experience in a public welfare program, hospital, clinic, public health department, or private health program.

AND

Knowledge of:

(1) Theory, principles, and techniques of medical social work.

(2) Trends, standards, and terminology of medical social work.

(3) Social, emotional, behavioral, and economic implications of illness, disease, incapacitation, and disfigurement.

(4) Normal and abnormal behavior, emotional and social adjustment, and the principles and dynamics of motivation.

(5) Modern hospital organization and functions.

(6) General laws relating to health and welfare.

AND

Ability to:

(1) Apply medical social work principles and concepts.

(2) Secure accurate social and personal data and to record such data systematically.

(3) Utilize community resources in a medical care program.

(4) Establish and maintain effective and professional casework relationships.

(5) Prepare reports and case records, including answering correspondence.

(6) Work effectively with others.

MEDICAL SOCIAL WORKER

DO NOT WRITE IN THIS SPACE

Personal Characteristics:

A mature personality as evidenced by such factors as a warm responsive attitude, good judgment, poise, initiative, tact, dependability, emotional stability, integrity, neat personal appearance, capacity for professional growth, and the assumption of progressively greater responsibilities under supervision.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

California County
Merit System
Class Specification

Effective: 8/1/57
Previous Rev:
Title Changed:
Established: 8/1/57

MEDICAL SOCIAL WORK SUPERVISOR

Definition:

Under direction, to supervise, review, and evaluate the work of a group of medical social workers, or of social workers performing related work under the medical care program; to maintain acceptable standards of social work practices; to perform casework with selected cases; and to do related work as required.

Typical Tasks:

Participates in community planning activities as assigned; represents the department at pertinent conferences and meetings; helps develop and coordinate new community medical services and assists in the improvement of current services; provides intensive casework services to selected cases; develops and carries out treatment plans; obtains supervisory or medical consultation as needed.

Directs and reviews the work of a staff of medical social workers or of social workers performing related work under the medical care program; assists in setting work standards and ensures that case recording and medical social work standards are maintained; explains work standards, policies, and procedures; guides workers in making difficult case decisions and determinations; maintains work and performance records.

Confers with higher level supervisors, with the medical consultant, and with the director; discusses personnel, program, and policy matters requiring administrative action; holds conferences with each worker assigned; reviews and studies casework records and selects cases for discussion; guides workers in diagnosing social, emotional, and economic disorders; guides workers in developing and modifying casework treatment plans; assesses the progress of casework treatment and recommends termination of casework treatment, the transfer of the case to another worker, or other appropriate alternate plan; periodically evaluates each worker's progress and quality of work; prepares case reports and summaries, writes reports and answers correspondence.

Minimum Qualifications:

EITHER I

Education: Two years of graduate training in an accredited school of social work with field work placement in medical social work.

AND

Experience: Two years of full-time paid social casework employment of which one year must have been in medical social work in a public welfare program, hospital, clinic, public health department, or private health program.

MEDICAL SOCIAL WORK SUPERVISOR

DO NOT WRITE IN THIS SPACE

OR II

Education: Two years of graduate training in an accredited school of social work.

AND

Experience: Two and one-half years of full-time paid social casework employment of which two years must have been in medical social work in a medical setting in a hospital, clinic, public health department, or private health program.

AND

Knowledge of:

(1) Principles of effective medical social work supervision.

(2) Theory, principles, and techniques of medical social work.

(3) Trends, standards, and terminology of medical social work.

(4) Dynamics of personal and social adjustment, normal and abnormal behavior, and counseling techniques appropriate to rehabilitative work.

(5) Social, emotional, behavioral, and economic implications of illness, disease, incapacitation, and disfigurement.

(6) Scope, activities, and functions of voluntary and official groups in the fields of social work and public health.

(7) Community resources for medical care.

(8) General laws relating to health and welfare.

AND

Ability to:

(1) Guide and supervise the work of others.

(2) Establish and maintain effective working relationships with lay and medical persons and the general public.

(3) Utilize community resources in a medical care program.

(4) Write and speak effectively.

Personal Characteristics:

A mature personality as evidenced by such factors as a warm responsive attitude, good judgment, initiative, tact, dependability, integrity, poise, neat personal appearance, emotional stability, capacity for professional growth, and the assumption of progressively greater responsibilities.

MEDICAL SOCIAL WORK SUPERVISOR

DO NOT WRITE IN THIS SPACE

California County
Merit System
Class Specification

Effective: 8/1/57
Previous Rev:
Title Changed:
Established: 8/1/57

MEDICAL CONSULTANT

Definition:

Under direction, to act as medical consultant and to give professional advice and guidance under the medical care program; to be responsible for the medical work of the county welfare department; and to do related work as required.

Typical Tasks:

Assists in developing local panels of examining physicians, and in explaining the medical care program to local physicians and to medical and lay groups; performs medical liaison between the county welfare department and public and private hospitals, between the department and the local medical society, and between the department and the county health department; assists with in-service training of the medical social work and social work staff in the medical aspects of the medical care program, and consults with them on difficult case problems; may recommend policy or operational changes.

Reviews case histories and evaluates and interprets medical reports of applicants and recipients under the medical care program; determines need for, nature, and extent of further diagnostic studies; refers applicants to specialists for additional examinations to assist in establishing diagnosis or indicating the extent of care or treatment necessary; confers with other medical doctors regarding their findings; may interview the applicant or recipient and his family for amplification of history, or examine patient for clarification of disability or illness; outlines corrective measures, including medical, psychiatric, and surgical treatment; authorizes specialized treatment and surgery, special kinds of therapy, X-ray, special drugs, glasses, and other prosthetic devices, dental care and dental prosthesis; reviews plans for rehabilitation and makes recommendations on their feasibility and adequacy from the standpoint of the medical problems involved.

Minimum Qualifications:

License: Possession of the legal requirements for the practice of medicine and surgery in California as determined by the California Board of Medical Examiners, or California Board of Osteopathic Examiners.

AND

Experience: Three years of experience in the practice of medicine (exclusive of internship).

AND

MEDICAL CONSULTANT

DO NOT WRITE IN THIS SPACE

Knowledge of:

(1) The principles and practices of general medicine.

(2) Diagnostic methods and the principles of differential diagnosis.

(3) The principles and practices of public health.

(4) Modern hospital practices.

(5) Local, state, and federal rules, regulations, and legislation pertaining to medical care for public assistance recipients.

AND

Ability to:

(1) Coordinate medical and welfare procedures.

(2) Promote and maintain effective working relationship with professional and other groups.

(3) Explain the medical aspects of the county welfare department's work to interested groups.

(4) Write and speak effectively.

Personal Characteristics:

Initiative, tact, perseverance, good judgment, dependability, integrity, poise, emotional stability, sympathy with public welfare programs, neat personal appearance, good health, and freedom from disabling defects.

DO NOT WRITE IN THIS SPACE

MEDICAL CONSULTANT

FORM 400

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
OCT - 2 1957
Division of Administrative Procedure

ENDORSED
APPROVED FOR FILING
(GOV. CODE 11380.2)
OCT - 2 1957
Division of Administrative Procedure
DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)
Dated: October 1, 1957
By: George K. Wegyman
Director
(Title)

FILED
in the Office of the Secretary of State
of the State of California
OCT 2 1957
At 1:50 o'clock P M. CB
FRANK M. JORDAN, Secretary of State
By [illegible]
Assistant Secretary of State
DO NOT WRITE IN THIS SPACE

D-012.20 PROMPTNESS REQUIREMENT D-012.20

Aid shall be granted and paid to all eligible persons within the minimum possible time after the application is signed. The county shall initiate immediately upon receipt of requests for application or restoration all actions known to be necessary to complete the investigation and shall pursue the investigation diligently. The objective of reasonable promptness can be considered to be achieved if aid is granted and paid within 60 days from the date of application. If a longer period is required, the circumstances shall be noted in the narrative.

The date of the applicant's signature on the prescribed application form is the date of application. When the application is made by a person other than the applicant (See Sec. D-011.11), the date of that person's signature is the date of application. The date the applicant signs the written request for restoration is the date of the request unless made by mail when the date of receipt is considered the date of request.

D-172.40 REVIEW AND ACTION ON MEDICAL AND SOCIAL INFORMATION REPORTS BY THE SDSW D-172.40

Medical and social information reports on each applicant shall be forwarded to the SDSW for a determination of eligibility with respect to the disability factor. Originals of the Medical Report, Form DA 1, and the Social Information Report, Form DA 2, shall be submitted whenever it is necessary to determine initial or continuing eligibility and shall include the county's recommendation as to the eligibility of the applicant or recipient.

The State Medical Review Team will review the medical and social information reports in each case and will classify the case as approved, or disapproved. Approved cases will be further classified as group 1 (no further disability evaluation required) or group 2 (disability reevaluation required). Where reports are inadequate or the information is insufficient, decisions will be deferred until sufficient information is obtained.

The Medical and Social Information Reports, DA 1 and 2, will be retained by the SDSW. Two copies of the Certificate of Disability, DA 3, will be forwarded to the county.

When an individual reapplies for aid after a prior denial or discontinuance for any cause, Forms DA 1, Medical Report, and DA 2, Social Information Report, shall be resubmitted and disability redetermined, regardless of any prior Form DA 3, Certificate of Disability on file.

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

88449 11-53 5M SPO

D-172.50 CONFLICTING MEDICAL REPORTS D-172.50

If an applicant is dissatisfied with the determination of disability based on a report of the medical examination and social information report, another medical examination and medical report by another physician is required. If the report of this subsequent examination is substantially in conflict with the previous one, a third medical examination and report is required.

D-174 MEDICAL EXAMINATION BY COUNTY OR STATE MEDICAL CONSULTANT D-174

A county or state Medical Consultant shall have the privilege of examining an applicant for or recipient of aid. If the person is examined by a state medical consultant, a different state medical consultant shall recommend action on the basis of all available information.

D-177 REDETERMINATION OF PERMANENT AND TOTAL DISABILITY D-177

A periodic medical reexamination and social information study of a recipient is required for group 2, approved cases. The requirement is not applicable to group 1 cases.

When there are facts to indicate that a recipient's physical or mental condition has improved so that he may no longer be eligible, or that he is malingering, or where aid has been discontinued for one year or more, the individual shall be reexamined and the necessary reports submitted to the state for reevaluation.

D-201 DETERMINATION OF NEED - GENERAL D-201

The allowable need of an applicant or recipient is the money amount necessary to provide those items of support set forth in the subsequent sections of this chapter as allowable basic need and allowable special needs.

The county is responsible for reviewing needs with the applicant or recipient as often as necessary and at least once yearly and for identifying any allowable needs he may have under the Standard of Assistance. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

If the applicant or recipient has income from any source, the income is deducted from the sum of his allowable needs (which may not exceed $105) in order to arrive at the grant.

For purposes of ATD, the maximum allowable board and care rate is $90. In this connection, county supplementation, in excess of $90 but not to exceed $255, paid to a nursing home, board and care home, or institution to apply on the cost of care is permitted. Such supplementation from county funds is not considered income.

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-211 INCOME - DEFINITIONS D-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies. Exception: (1) County supplementation (see Sec. D-201), (2) certain benefits received as nonrecurring lump-sum payments and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, timber, etc.) are considered personal property rather than income. (See Secs. D-136, Differentiation of Personal Property and Income, and D-137, Acquisition and Conversion of Real or Personal Property.)

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage.

Community income is

a. Income derived as a result of an interest in community property, or,

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.

c. Income from the earnings of a minor child, unless the child has been emancipated.

Current income is that which is received in the current month regardless of the period over which it accrued. Exception: Interest payments in decreasing amounts may be averaged. Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. D-212.7, Recurring Lump Sum Income.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ATD standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ATD standard. Such income is not considered in determining the amount of the aid payment.

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

FINDING OF EMERGENCY

The regulations contained in these agenda are urgency measures necessary for the immediate preservation of public peace, health and safety or general welfare within the meaning of Section 11421 (b) of the Government Code..

The facts constituting this emergency are:

The regulations contained in these agenda are concerned with the operation of the new Public Assistance Medical Care Program pursuant to Chapter 1068, Statutes of 1957, and with the new Aid to the Needy Disabled Program pursuant to Chapter 2411, Statutes of 1957, both of which programs become operative October 1, 1957. Section 103 of the Welfare and Institutions Code require that all rules of the State Social Welfare Board shall be consistent with law. It is, therefore, necessary for these regulations to go into effect immediately upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPC

Regulations

A-010.14 REQUEST FOR RESTORATION A-010.14

A request for aid is considered a request for restoration of OAS when made in writing, dated and signed by or on behalf of a former recipient whose OAS grant was discontinued by the same county within 12 months prior to date of the request. Exception: If OAS was discontinued due to income from employment, and within one year from the effective date of such discontinuance the former recipient asks that OAS again be paid, such request shall be considered a request for restoration regardless of the county in which aid was previously discontinued. Exception: No signed request for restoration is required for a restoration after confinement in a public institution as provided for in W&IC 2160.6. (See Sec. A-014.20)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

A-202 BASIC NEEDS COMMON TO ALL RECIPIENTS A-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum OAS grant in the amounts and to the extent specified:

Food	$28.50 -	For food in the normal amount and of a kind necessary to maintain health and vigor.
Housing and Utilities	21.30 -	For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort.
Household Maintenance	4.50 -	For ordinary upkeep and occasional replacement of small items of household equipment and supplies.
Clothing	7.70 -	For adequate, healthful clothing.
Transportation	6.00 -	For transportation for social and ordinary shopping purposes.
Incidentals	13.50 -	For hair care, personal toilet articles, dry cleaning, tobacco, etc.
Education and Recreation	3.50-	For participation in community activities, adult education courses, hobbies, crafts, reading materials, movies, stationery, postage, etc.
Medicine Chest Supplies	4.00 -	For such medicine chest supplies as cotton, gauze, bandages, aspirin, rubbing alcohol, mineral oil, vaseline, and other over-the-counter items for which no prescription is required and which are ordinarily bought at the recipient's own initiative.
TOTAL	$89.00	

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

17845 5-55 30M SPO

Regulations

A-205.13 USE OF MEDICAL CARE FUND (See Sec.____Appendix - Medical Care) A-205.13

1. The cost of an item of medical care of a type covered by the fund will be paid from the Medical Care Fund when the recipient's grant and income for the month would not be sufficient to meet his total need including the full cost for the particular item of medical care.

   Exception: If a portion of the fee for services otherwise covered by the Medical Care Fund is paid by the carrier for a person enrolled in a prepaid medical plan, the balance of such fee is allowed only as a special need.

2. The cost of an item of medical care of a type covered by the fund will be paid from the fund without regard to the possibility of including it as a special need allowance in the grant (see Sec. A-205.12, Item 1.) when:

   a. The bill is for drugs or medical supplies. (If the recipient has in fact, paid the vendor for the drugs and/or medical supplies and an increase in his OAS grant is possible, special need will be allowed for the drugs, and/or medical supplies subject to the same limitations as if the medical care fund were to be utilized. In such case, the recipient is advised that future allowance for drugs will be met only from the Medical Care Fund.)

      Exception: When eligibility exists only because of need for drugs and/or medical supplies; i.e., the recipient's income is sufficient to cover all other needs, the cost of such drugs and/or medical supplies when prescribed by a doctor or practitioner is allowed as a special need rather than paid from the fund.

   b. Payment of aid is withheld or suspended because of a question concerning the amount of the recipient's grant. (See Secs. A-226.10 and A-226.12.)

   c. Authorization of aid is decreased to zero for one or two months as an adjustment for overpayment as provided in Sec. A-227.10.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

A-206.12 SPECIAL NEED FOR DRUGS, THERAPEUTIC PREPARATIONS, MEDICAL SUPPLIES, ETC. A-206.12

The cost of drugs, therapeutic preparations, medical supplies, etc., dispensed, prescribed, or recommended by a practitioner (see Sec. MC-014, Appendix, Medical Care) but not covered by the Medical Care Fund, are allowed as special need.

These Regulations are designated to become effective OCT 1 '57

DO NOT WRITE IN THIS SPACE

Regulations

A-206.4 SPECIAL NEED FOR HOME NURSING CARE A-206.4

When a recipient receives services of a registered or licensed practical nurse in his own home and such nursing service is prescribed by a practitioner, the usual community rate for such service, not to exceed a total of $200 in any one month, is allowed as a special need. An additional amount, not to exceed $30 monthly, is allowed if needed to cover the cost of food for the nurse. Exception: When nursing care within the above specified maximum is not available and the doctor or practitioner recommends against moving the recipient to a nursing home or hospital, an amount above the maximum may be allowed.

When a recipient receives nursing service in his own home through a visiting nurse association, the amount required to pay for such service is allowed subject to the same limitations on quantity, prior authorization requirements, fee schedules, etc., as would apply if payments were made from the Medical Care Fund (see Sections MC-030 and MC-040).

A-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE A-206.6

When the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed $6 monthly, is allowed as a special need. Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) is not allowed as a special need.

When the prepaid medical plan or insurance covers only a portion of the cost of medical care received, the excess cost is allowed as special need.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

A-206.94 SPECIAL NEED FOR HEARING AIDS A-206.94

When an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Hearing Aid	-	$175.00
Monthly upkeep on hearing aid	-	5.00

(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

Allowance for examination by the otologist is subject to the same limitations as apply when payment for such service is made from the Medical Care Fund (see Section A-206.1).

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

Regulations

A-211 INCOME - DEFINITIONS A-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations, or assistance agencies.

Exceptions:

1. County supplementation paid to a board and care home, nursing home, or institution to apply on the cost of care is permitted when the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Sections A-204.11 and A-206.3 (such supplementation from county funds is not considered income).

2. Certain benefits received as nonrecurring lump-sum payments, irregular nonrecurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Sections A-136, Differentiation of Personal Property and Income, and A-137, Acquisition and Conversion of Real or Personal Property).

Separate income is a) income derived as a result of an interest in separate property, or b) income resulting from employment or military service rendered prior to the present marriage.

Community income is

a. Income derived as a result of an interest in community property, or,

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.

c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. A-152, Responsibility of Adult Child.)

Current income is that which is received in the current month regardless of the period over which it accrued.

(Continued)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

A-211 (Continued) A-211

Exceptions:

1. When all or a portion of a cash gift is determined to be income pursuant to W&IC Section 2163.3, it is considered "current income" in the month following receipt (see Sec. A-136).

2. Interest payments in decreasing amounts may be averaged.

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. A-212.7, Recurring Lump-Sum Income.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the OAS standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the OAS standard. Such income is not considered in determining the amount of the aid payment.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

A-227.10 ADJUSTMENT PERIOD A-227.10

The adjustment period for a particular overpayment is the month of payment and the two months following (when the recipient continues eligible). An adjustable overpayment is to be adjusted to the greatest extent possible in the first of the two months following the month of overpayment. The amount to be adjusted is limited to the amount of overpayment occurring in the adjustment period. (These limitations are not applied if the grant offset method is used to liquidate repayment due from a currently eligible recipient who has liquid assets. See Sec. A-229, Grant Offset for Overpayment.)

When overpayment occurs in the OAS grant in the same month there is overpayment because of payment from the Medical Care Fund, the amount to be adjusted is limited to the overpayment in the OAS grant occurring in the adjustment period. Right to request repayment of the overpayment from the Medical Care Fund is determined in accord with Sec._____, Medical Care.

Adjustment is to be made by a decrease, or in lieu of such action, by a current cash adjustment in the amount which could have been adjusted by the decrease. If the overpayment to be adjusted is equal to or exceeds the grant to which the recipient is otherwise eligible in the month or months of adjustment, decrease is accomplished by authorizing aid in zero amount for such month or months. (See Appendix Fiscal Manual Sections, Sec. F-400, B.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

A-227.30 INVESTIGATION OF OVERPAYMENTS A-227.30

When it appears that an overpayment may have occurred, a determination is made as to whether overpayment actually occurred. If so, the following determinations are made:

1. The period and amount of overpayment and what portion, if any, occurred after disclosure within the ability of the recipient, and what portion occurred because the recipient failed to report the facts.

2. The eligibility or grant factors which were involved. (If overpayment occurred because of excess property and the recipient failed to report the facts, a determination is made as to whether the facts were wilfully withheld or misrepresented or whether failure to report was due to the recipient's belief that they were immaterial to eligibility.)

3. The extent to which the overpayment can be adjusted within the adjustment period. (See Sec. A 227.10)

4. The amount of repayment due, if any.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulation

B-010.14 REQUEST FOR RESTORATION - ANB-APSB B-010.14

A request for aid is considered a request for restoration if made in writing, dated and signed by a former recipient whose grant was discontinued within 12 months prior to date of the request. Exception: No signed request for restoration is required for a restoration after confinement in a public institution as provided for in W&IC 3044 and 3444. (See Sec. B-014.20.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

B-202 BASIC NEEDS COMMON TO ALL RECIPIENTS - ANB-APSB B-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum grant in the amounts and to the extent specified:

Food	$33.00 -	For food in the normal amount and of a kind necessary to maintain health and vigor, and including allowance for waste and shopping in neighborhood stores.
Housing and Utilities Rent $23.20) Utilities $6.80)	$30.00 -	For adequate, suitable, sanitary housing in a locality chosen by the recipient, light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort, and allowing for extensive use of electricity for radio and talking book machine.
Household Maintenance	$ 5.50 -	For ordinary upkeep and occasional replacement of small items of household equipment and supplies, including an allowance for waste, more frequent purchase of supplies, and assistance in household maintenance.
Clothing	$10.00 -	For adequate, healthful clothing, including an allowance for frequent cleaning and consequent replacement.
Transportation	$ 8.50 -	For transportation for social and ordinary shopping purposes.
Incidentals	$15.50 -	For shaves, shampoos, hair cuts, personal toilet articles, personal service such as messenger and reading and writing service, dry cleaning, tobacco, etc.
Education and Recreation	$ 3.50 -	For participation in community activities, adult education courses, hobbies, crafts, reading materials, club dues, stationery, postage, etc.
Medicine Chest Supplies	$ 4.00 -	For such medicine chest supplies as cotton, guaze, bandages, aspirin, rubbing alcohol, mineral oil, vaseline, and other over-the-counter items for which no prescription is required and which are ordinarily bought at the recipient's own initiative.
TOTAL	$110.00	

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

Regulation

B-205.13 USE OF MEDICAL CARE FUND (See Sec. _____ Appendix - B-205.13
Medical Care) - ANB-APSB

1. The cost of an item of medical care of a type covered by the fund will be paid from the Medical Care Fund if the recipient's grant and income for the month would not be sufficient to meet his total need including the full cost for the particular item of medical care.

   Exception: If a portion of the fee for services otherwise covered by the Medical Care Fund is paid by the carrier for a person enrolled in a prepaid medical plan, the balance of such fee is allowed only as a special need.

2. The cost of an item of medical care of a type covered by the fund will be paid from the fund without regard to the possibility of including it as a special need allowance in the grant (see Sec. B-205.12, Item 1) if:

   a. The bill is for drugs or medical supplies. (If the recipient has in fact, paid the vendor for the drugs and/or medical supplies and an increase in his ANB-APSB grant is possible, special need will be allowed for the drugs, and/or medical supplies subject to the same limitations as if the medical care fund were to be utilized. In such case, the recipient is advised that future allowance for drugs will be met only from the Medical Care Fund.)

      Exception: When eligibility exists only because of need for drugs and/or medical supplies; i.e., the recipient's income is sufficient to cover all other needs, the cost of such drugs and/or medical supplies when prescribed by a doctor or practitioner is allowed as a special need rather than paid from the fund.

   b. Payment of aid is withheld or suspended because of a question concerning the amount of recipient's grant. (See Secs. B-226.10 and B-226.12.)

   c. Authorization of aid is decreased to zero for one or two months as an adjustment for overpayment as provided in Sec. B-227.10.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulation

B-206.12 SPECIAL NEED FOR DRUGS, THERAPEUTIC PREPARATIONS, MEDICAL SUPPLIES, ETC. - ANB-APSB B-206.12

The cost of drugs, therapeutic preparations, medical supplies, etc., dispensed, prescribed, or recommended by a practitioner (see Section MC-014, Appendix, Medical Care) but not covered by the Medical Care Fund, are allowed as special need.

B-206.4 SPECIAL NEED FOR HOME NURSING CARE - ANB-APSB B-206.4

If a recipient receives services of a registered or licensed practical nurse in his own home and such nursing service is prescribed by a practitioner, the usual community rate for such service, not to exceed a total of $200 in any one month, is allowed as a special need. An additional amount, not to exceed $30 monthly, is allowed if needed to cover the cost of food for the nurse. Exception: If nursing care within the above specified maximum is not available and the doctor or practitioner recommends against moving the recipient to a nursing home or hospital, an amount above the maximum may be allowed.

If a recipient receives nursing service in his own home through a visiting nurse association, the amount required to pay for such service is allowed subject to the same limitations on quantity, prior authorization requirements, fee schedules, etc., as would apply if payments were made from the Medical Care Fund (see Sections MC-030 and MC-040).

B-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE - ANB-APSB B-206.6

If the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed $6 monthly, is allowed as a special need. Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) is not allowed as a special need.

If the prepaid medical plan or insurance covers only a portion of the cost of medical care received, the excess cost is allowed as special need.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

B-206.94 SPECIAL NEED FOR HEARING AIDS - AMB-APSB B-206.94

If an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Hearing Aid	-	175.00
Monthly upkeep on hearing aid	-	5.00

(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

Allowance for examination by the otologist is subject to the same limitations as apply when payment for such service is made from the Medical Care Fund (see Section B-206.1).

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

B-211 INCOME - DEFINITIONS - ANB-APSB B-211

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation paid to a board and care home, nursing home, or institution to apply on the cost of care is permitted if the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Secs. B-204.11 and B-206.3 (such supplementation from county funds is not considered income).
2. Certain benefits received as nonrecurring lump sum payments, irregular, nonrecurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. B-136, Differentiation of Personal Property and Income, and B-137, Acquisition and Conversion of Real or Personal Property).

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage, or c) that portion of community income which the wife brings to the community through her efforts.

Community income is:

a. Income derived as a result of an interest in community property.

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.

c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. B-150.2.)

Current income is that which is received in the current month regardless of the period over which it accrued. Exceptions: (1) Interest payments in decreasing amounts may be averaged; (2) If all or a portion of a cash gift is determined to be income pursuant to W&IC Secs. 3047.22 and 3447.2, it is considered "current income" in the month following receipt. (See Sec. B-136.)

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See.Sec. B-212.7, Recurring Lump Sum Income - ANB.

Casual income is income which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

(Continued)

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

Regulations

B-211 (Continued) B-211

In ANB exempt earned income is up to and including $50 a month net income received as wages, salary, commissions, or profit from activities such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed inidividual or as an employee. (See Sec. B-212.30, Net Income.)

In APSB exempt income is net income from all sources (except casual or inconsequential) up to and including $1,000 a year, plus 50 percent of any income in excess of $1,000 during a yearly income period. (See Sec. B-212.30, Net Income.)

See Sec. B-136; Differentiation of Personal Property and Income

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

B-227.10 ADJUSTMENT PERIOD - ANB-APSB B-227.10

The adjustment period for a particular overpayment is the month of payment and the two months following (if the recipient continues eligible). An adjustable overpayment is to be adjusted to the greatest extent possible in the first of the two months following the month of overpayment. The amount to be adjusted is limited to the amount of overpayment occurring in the adjustment period. These limitations are not applied if the grant offset method is used to liquidate repayment due from a currently eligible recipient who has liquid assets. (See Sec. B-229, Grant Offset for Overpayment.) If overpayment occurs in the ANB-APSB grant in the same month there is overpayment because of payment from the Medical Care Fund, the amount to be adjusted is limited to the overpayment in the ANB-APSB grant occurring in the adjustment period. Right to request repayment of the overpayment from the Medical Care Fund is determined in accord with Sec.____, Medical Care.

Adjustment is to be made by a decrease, or in lieu of such action, by a current cash adjustment in the amount which could have been adjusted by the decrease. If the overpayment to be adjusted is equal to or exceeds the grant to which the recipient is otherwise eligible in the month or months of adjustment, decrease is accomplished by authorizing aid in zero amount for such month or months. (See Appendix Fiscal Manual Sections, Sec. F-400, B.)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

B-227.30 INVESTIGATION OF OVERPAYMENTS - ANB-APSB B-227.30

If it appears that an overpayment may have occurred, a determination is made as to whether overpayment actually occurred. If so, the following determinations are made:

1. The period and amount of overpayment and what portion, if any, occurred after disclosure within the ability of the recipient, and what portion occurred because the recipient failed to report the facts.

2. The eligibility or grant factors which were involved. (If overpayment occurred because of excess property and the recipient failed to report the facts, a determination is made as to whether the facts were willfully withheld or misrepresented or whether failure to report was due to the recipient's belief that they were immaterial to eligibility.)

3. The extent to which the overpayment can be adjusted within the adjustment period. (See Sec. B-227.10.)

4. The amount of repayment due, if any.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

Regulations

C-014.80 IDENTIFICATION CARD - ANC C-014.80

Each relative payee for a child or children currently receiving ANC shall be provided with an Identification Card (Form CA 280) for the child(ren) for whom he is payee.

Nonrelative payees shall be provided with an individual Identification Card (Form C-280 A) for each child for whom he is payee.

The initial supply of Identification Cards will carry the expiration date of 12/31/58, and thereafter new cards will be issued for each calendar year. (See Sec. C-024, Required Forms)

C-024 REQUIRED FORMS C-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

CA 200	Part One - Application for Aid to Needy Children (See Sec. C-011.10)
CA 200	Part Two - Application for Aid to Needy Children - Statement of Facts Relating to Eligibility (See Secs. C-011.10 and C-015.30)
ABCD 215	Notification of Transfer (See Sec. C-118.30)
CA 256	Request to OASI Field Office for Information (Absent Parents) (See Sec. C-156.20)
CA 280	Identification Card (Family Cases)
CA 280A	Identification Card (BH&I Cases)
DPA 1	Request for Federal Old Age and Survivors Insurance Information (See Sec. C-213)
DPA 6	Appeal as to Responsibility for Support (See Sec. C-117.7)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. C-014.40)

DO NOT WRITE IN THIS SPACE

Regulations

C-205 SPECIAL NEED FOR MEDICAL CARE C-205

Medical care includes the services of doctors, dentists, nurses; clinic, convalescent, hospital, or other remedial care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment. The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when 1) there is an aid payment made for the month care is given, 2) aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12), or 3) authorization of aid is decreased to zero to adjust for overpayment as provided in Sec. C-227.10.

Exceptions:

1. If a portion of the fee for services otherwise covered by the medical care plan is paid by the carrier for a person enrolled in a prepaid medical plan, the balance is allowed as a special need.

2. When eligibility exists only because of need for medical care of a type and for a person covered by the fund, i.e., the recipient's income is sufficient to cover all other needs, the cost of such care is allowed as a special need rather than paid from the fund.

When any person in the family budget unit is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed $10 monthly for the family, is allowed if essential medical care is not available through a public facility.

DO NOT WRITE IN THIS SPACE

Regulations

C-227.10 ADJUSTMENT PERIOD C-227.10

The adjustment period for a particular overpayment is the month of payment and the two months following (when the family continues eligible). An adjustable overpayment is to be adjusted to the greatest extent possible in the first of the two months following the month of overpayment. The amount to be adjusted is limited to the amount of overpayment occurring in the adjustment period. (These limitations are not applied if the aid payment offset method is used to liquidate repayment due from a currently eligible family who has liquid assets.) (See Sec. C-229.)

When overpayment occurs in the ANC grant in the same month there is overpayment because of payment from the Medical Care Fund, the amount to be adjusted is limited to the overpayment in the ANC grant occurring in the adjustment period. Right to request repayment of the overpayment from the Medical Care Fund is determined in accord with Sec. _____, Medical Care.

Adjustment is to be made by a decrease, or in lieu of such action by a current cash adjustment in the amount which could have been adjusted by the decrease. If the overpayment to be adjusted is equal to or exceeds the grant to which the family is otherwise eligible in the month or months of adjustment, decrease is accomplished by authorizing aid in zero amount for such month or months. (See Appendix Fiscal Manual Sections, Sec. F-400, B.)

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

Regulations

C-227.30 INVESTIGATION OF OVERPAYMENTS C-227.30

When it appears that an overpayment may have occurred, a determination is made as to whether overpayment actually occurred. If so, the following determinations are made:

1. The period and amount of overpayment and what portion, if any, occurred after disclosure within the ability of the family, and what portion occurred because the family failed to report the facts.

2. The eligibility or grant factors which were involved. (If overpayment occurred because of excess property and the family failed to report the facts, a determination is made as to whether the facts were wilfully withheld, or misrepresented or whether failure to report was due to the family's belief that they were immaterial to eligibility.)

3. The extent to which the overpayment can be adjusted within the adjustment period. (See Sec. C-227.10.)

4. The amount of repayment due, if any.

DO NOT WRITE IN THIS SPACE

071-05 SALARY SCHEDULES 071-05
WPS

CLASSIFICATION	SCHEDULE OF STEPS													
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
GROUP A														
COUNTY WELFARE DIRECTOR V	---	---	686	725	766	810	856	905	957	1012	1070	1132	1197	1266
COUNTY WELFARE DIRECTOR IV	---	---	581	614	649	686	725	766	810	856	905	957	1012	1070
COUNTY WELFARE DIRECTOR III	---	---	491	519	549	581	614	649	686	725	766	810	856	905
COUNTY WELFARE DIRECTOR II	---	---	415	439	464	491	519	549	581	614	649	686	725	766
COUNTY WELFARE DIRECTOR I	---	---	332	351	371	392	415	439	464	491	519	549	581	614
ASST. COUNTY WELFARE DIRECTOR	---	---	519	549	581	614	649	686	725	766	810	856	905	957
GROUP B														
SOCIAL WORK SUPERVISOR II	---	---	---	439	464	491	519	549	581	614	649	686	725	766
SOCIAL WORK SUPERVISOR I	---	---	---	392	415	439	464	491	519	549	581	614	649	686
SOCIAL WORKER III	---	---	---	351	371	392	415	439	464	491	519	549	581	614
SOCIAL WORKER II	---	---	---	314	332	351	371	392	415	439	464	491	519	549
SOCIAL WORKER I	---	---	---	297	314	332	351	371	392	415	439	464	491	519
GROUP C														
Child Welfare Supervisor II	---	---	---	491	519	549	581	614	649	686	725	766	810	856
Child Welfare Supervisor I	---	---	---	439	464	491	519	549	581	614	649	686	725	766
Ch. Wel. Services Worker II	---	---	---	392	415	439	464	491	519	549	581	614	649	686
Ch. Wel. Services Worker I	---	---	---	351	371	392	415	439	464	491	519	549	581	614
Medical Social Work Supervisor	---	---	---	439	464	491	519	549	581	614	649	686	725	766
Medical Social Worker	---	---	---	392	415	439	464	491	519	549	581	614	649	686
GROUP D														
Administrative Service Officer II	---	---	---	491	519	549	581	614	649	686	725	766	810	856
Administrative Service Officer I	---	---	---	415	439	464	491	519	549	581	614	649	686	725
Employment Officer	---	---	---	351	371	392	415	439	464	491	519	549	581	614
Investigator	---	314	332	351	371	392	415	439	464	491	519	549	581	614
GROUP E														
CHIEF FISCAL SUPERVISOR	371	392	415	439	464	491	519	549	581	614	649	686	---	---
CHIEF ACCOUNT CLERK	314	332	351	371	392	415	439	464	491	519	549	581	---	---
SENIOR ACCOUNT CLERK	252	266	281	297	314	332	351	371	392	415	439	464	---	---
ACCOUNT CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
SENIOR STENO. CLERK	252	266	281	297	314	332	351	371	392	415	439	464	---	---
INTERMEDIATE STENO. CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR STENO. CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
SENIOR TYPIST CLERK	238	252	266	281	297	314	332	351	371	392	415	439	---	---
INTERMEDIATE TYPIST CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR TYPIST CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
CHIEF CLERK	297	314	332	351	371	392	415	439	464	491	519	549	---	---
SENIOR CLERK	238	252	266	281	297	314	332	351	371	392	415	439	---	---
INTERMEDIATE CLERK	213	225	238	252	266	281	297	314	332	351	371	392	---	---
JUNIOR CLERK	190	201	213	225	238	252	266	281	297	314	332	351	---	---
RECEPTIONIST	213	225	238	252	266	281	297	314	332	351	371	392	---	---
TELEPHONE OPERATOR	201	213	225	238	252	266	281	297	314	332	351	371	---	---
GROUP F														
Medical Consultant	766	810	856	905	957	1012	1070	1132	1197	1266	1339	1416	---	---
Homemaker	225	238	252	266	281	297	314	332	351	371	392	---	---	---

For changes in pay ranges, see modification procedure specified in Sec. 071-10, Adoption of Compensation Plan, and Sec. 071-11, Adoption of Deviating Pay Schedules. Effective date of compensation plan to be either (a) July 1, 1957, or (b) effective date of county salary ordinance for 1957-58, whichever is applicable.

(W&IC 119.5, 119.6)

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

071-11 ADOPTION OF DEVIATING PAY SCHEDULES 071-11

WPS

When operating needs of a county require deviations in pay for some classes from the vertical relationships established by columns in Sec. 071-05, approval of such deviations may be requested by the board of supervisors to the SDSW under the following conditions:

1. A five-step plan shall be adopted.

2. Each class of position shall be placed in one of five broad groups to be known as Groups A, B, C, D, E, and F. Each group shall include the following classes:

   Group A: County Welfare Director I, II, III, IV, V: and Assistant County Welfare Director.

   Group B: Social service series including Social Worker I, II, and III; and Social Work Supervisor I and II.

   Group C: Child Welfare Services Worker I and II; Child Welfare Supervisor I and II; and Medical Social Work Supervisor and Medical Social Worker.

   Group D: Investigator; Administrative Service Officer I and II; and Employment Officer.

   Group E: Clerical classes including all levels of typists, stenographers, clerks, account clerks, and Chief Fiscal Supervisor.

   Group F: Miscellaneous group including Medical Consultant and Homemaker.

3. Upward or downward deviations from vertical alignment with the five consecutive step plan adopted for Group B may be permitted for Groups A, C, D, E, and F. The maximum deviation which shall be permitted for these groups in relation to Group B are:

   Group A may deviate one or two steps upward or one step downward;

   Group C may deviate one step upward or downward, except that Group C shall not be established at less than step plan 4-8;

   Group D may deviate one or two steps upward or downward;

   Group E may deviate one, two, or three steps upward or downward; and

   Group F may deviate one, two, or three steps upward or downward. Vertical relationships need not be maintained within Group F.

4. Any deviation requested must be applied to all classes within the group, if they are used in the welfare department.

5. All proposed changes in pay plans must be approved by the SDSW before becoming effective in the county. The SDSW shall determine standards for the acceptability of pay ranges based on prevailing wage rates, proper internal relationships between classes, and other pertinent data.

6. An appeal from a denial of a request for such a proposed plan may be heard by the SSWB upon request of the county board of supervisors.

(W&IC 119.5, 119.6)

These Regulations are designated to become effective November 1, 1957

DO NOT WRITE IN THIS SPACE

F-1010 PAYMENT OF MEDICAL CARE F-1010

A. AUTHORIZATION OF PAYMENTS

Action by the County board of supervisors or its delegated agent will constitute authorization for payment to vendors for medical services available from the Medical Care Trust Fund.

Although W&IC Sec. 4551 provides that authorization of the board of supervisors awarding public assistance shall be considered authorization for medical services, it is not interpreted to include authorization for payment but only the recipients eligibility to receive such services.

Authorization to pay medical services is interpreted to be controlled by Sec. 27006 of the Government Code.

B. PAYMENT OF VENDOR CLAIMS

Payment of vendor claims shall be made within 30 days of receipt of claims by the welfare department or contracting agent.

Claims for any services not covered by contract with outside firm or agency shall be paid by county warrant.

(W&IC 114, 115, 116, 1560, 2140, 3060, 3075, 4551, 4554)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective October 1, 1957.

MC-022 FACILITIES MC-022

Payment from the Medical Care Trust Fund may be made, within the maxima allowed, for services rendered by private practitioners, group practices, public clinics or voluntary clinics, but, insofar as practical, no recipient shall be deprived of free choice of practitioner willing to provide services under the terms of these rules and regulations.

MC-031.1 WITHOUT PRIOR AUTHORIZATION MC-031.1

A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.

B. Dental services, including extractions and prescribed drugs, required for the relief of pain, or the elimination of acute infection.

C. Drugs, prescribed by practitioners, limited to those contained in the United States Pharmacopeia, the listing of New and Nonofficial Remedies or the National Formulary. Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. Prescriptions should be confined to quantities necessary for the estimated duration of the illness or 30 days, whichever period is shorter. No prescription shall be refillable. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective. Medical supplies (other than items included in the basic allowance of $4 for medicine chest and commonly used home drug supplies) if prescribed by a practitioner.

D. Laboratory services for urinalysis and blood counts.

E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.

F. Emergency surgery not requiring hospitalization under accepted medical standards.

G. Services of visiting nurse associations to a maximum of five visits for any one illness.

H. Chiropody services of an emergency nature, including the prescribing of drugs for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist.

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

17645 5-55 30M SPC

MC-031.2 WITH PRIOR AUTHORIZATION MC-031.2

A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any one illness or beyond the 90th day from the first visit.

B. Any service rendered by chiropodists.

C. Drugs not contained in the USP, NNR or NF.

D. Elective laboratory services other than urinalysis and blood counts.

E. Elective radiological services.

F. Elective office surgery.

G. Services of private nurses or services of visiting nurse associations in excess of five visits for any one illness.

H. Dental care for children aged 5 through 12 years as necessary to prevent tooth loss.

I. Complete histories and physical examinations by physicians.

J. Services of physical therapists as prescribed by physicians.

K. Services of rehabilitation centers meeting the standards of the Bureau of Vocational Rehabilitation.

MC-041 SERVICES BY PUBLIC OR VOLUNTARY CLINICS MC-041

Maximum payments allowable for services rendered in public or voluntary clinics are limited to 75 percent of the allowances contained in Sections MC-040.1, MC-040.2, MC-040.3, MC-040.4 and MC-042.

These Regulations are designated to become effective October 1, 1957.

DO NOT WRITE IN THIS SPACE

California Public Assistance Medical Care Program

SCHEDULE OF MAXIMUM ALLOWANCES PHYSICIANS (M.D. OR D.O.)

NOTE: The items covered in this schedule have been taken from the Relative Value Schedule of the California Medical Association with a unit value of $4. Only those procedures normally performed in any locality in the home of the patient or in the physician's office will be compensated under this program. This schedule includes most items contemplated as necessary, however, other items may be included upon authorization.

The following allowances constitute the maximum payment that may be made for the specified service or procedure.

No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital except for diagnostic laboratory and X-ray services performed as a result of a physician's service in the office or in the patient's home.

No payment will be made for the treatment of tuberculosis, venereal diseases, mental illness, or for maternity care.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

Medical Services
Surgery
Radiology
Pathology

State of California
Department of Social Welfare
George K. Wyman

Pro. No.	Procedure	Maximum Charge

MC 040.1

MEDICAL SERVICES

MC 040.1

VISITS AND EXAMINATIONS

004	Home visit (where requested and made between 11 p.m. and 8 a.m.)	$10.00
005	Home visit—each additional member, same household (maximum total any one visit $14)	3.00

VISITS AND EXAMINATIONS (Continued)

006	Routine office visit	$4.00
007	Routine home visit ($3 each additional member, maximum total any one visit $12)	6.00
008	Mileage per mile, one way, beyond radius of 10 miles office or home	.80

SPECIAL MEDICAL PROCEDURES

The following items may be used by all physicians, but are included in the schedule to be used in cases which appear to be of a serious or complicated nature requiring additional time and special study.

Written reports shall be furnished upon request to validate the performance of the described services which involve more care than can be provided by the ordinary office, home, or hospital visit.

All of the following require prior authorization except in an emergency.

026	Consultation for given system not requiring complete examination—office or home	$12.00
027	Consultation requiring complete examination—office or home	28.00
028	Complete history and physical examination—office or home	20.00
029	Office visit necessitating professional care over and above routine office visit	6.00
030	Home visit necessitating professional care over and above routine home visit	10.00
031	Home visit necessitating professional care over and above routine home visit, 11 p.m. to 8 a.m.	12.00
032	Prolonged detention with patient in critical condition, per hour	16.00
034	Office visit necessitating resurvey of patient as a whole	8.00
035	Intake examination for aged or blind—new recipient	15.00

ALLERGY

History and Physical Examination covered by 001-027.

Laboratory and X-rays covered by Pathology and Radiology Schedule.

ALLERGY TESTING

Allergy tests as an aid in the diagnosis of disease if read and interpreted by a physician. All allergy testing requires prior authorization.

ALLERGY TESTING (Continued)

The fee to be based on the type of test as well as the number performed, but with a maximum fee allowable for each disease.

Where two or more allergic diseases are present only one fee will be allowed, that fee to be that of the disease with the highest unit value.

Unit Fee by Type and Number of Tests Performed. (This includes the observation of the tests.)

102	Scratch or puncture tests, per 10 tests Minimum—$4	$4.00
103	Intradermal tests, per 10 tests Minimum—$4	6.00
104	Patch tests, per one test Minimum—$4	.80
105	Direct ophthalmic tests, per one test Minimum—$4	1.60
106	Direct nasal test, per one test Minimum—$4	1.60
107	Passive transfer tests, per 10 tests Minimum—$4	12.00
111	Allergic Rhinitis—seasonal	28.00
151	Conjunctivitis—seasonal	28.00

MC 040.2

SURGERY

MC 040.2

Listed procedures indicated by an asterisk: Fee for Surgery only. Follow-up care—charge per visit. See Schedule for Visits and Examinations.

All other services include two weeks' postoperative care.

In multiple surgical procedures, in remote operative fields and separate incisions, an additional 50 percent of the minor fee will be paid.

Two physicians may not be paid for attendance on the same case at the same time except where it is warranted by the necessity of supplementary skills.

Necessary drugs and materials provided by the physician may be charged for separately.

Values for X-ray and laboratory procedures are listed elsewhere in this schedule.

No payment will be made for cosmetic surgery.

INTEGUMENTARY SYSTEM

Skin and Subcutaneous Areolar Tissue

Incision

*0101	Drainage of infected steatoma	$4.00
*0102	Drainage of furuncle	4.00

Skin and Subcutaneous Areolar Tissue (continued)

*0108	Drainage of carbuncle	$4.00
*0114	Drainage of subcutaneous abscess (where not specified elsewhere)	4.00
*0115	Drainage of pilonidal cyst	4.00

Pro. No.	Procedure	Maximum Charge

SURGERY (Continued)

INTEGUMENTARY SYSTEM (Continued)

Skin and Subcutaneous Areolar Tissue (continued)

Incision (continued)

*0125	Drainage of onychia or paronychia, with or without complete or partial evulsion of nail	$4.00
*0130	Incision and removal of foreign body, subcutaneous tissues, simple	8.00
0131	Incision and removal of foreign body, complicated	By report
*0140	Drainage of hematoma	4.00
*0145	Puncture aspiration of abscess or hematoma	4.00

Excision

0171	Biopsy of skin or subcutaneous tissue	8.00
*0178	Local destruction of small benign neoplastic, cicatrocial, inflammatory or congenital lesion, one	12.00
*0180	more than one	16.00
*0230	Excision of nail, nail bed or nail fold, partial	8.00

Repair

0251	Repair recent small wound less than 2½ inches long	12.00
0252	Repair recent large wound over 2½ inches long, accordance with magnitude	By report
0253	Debridement extensive abraded wound (Same as 0351-0356)	By report
0265	Excision and/or direct repair, linear scar or wound up to ⅛ inch wide and ½ inch long	12.00
0266	each additional ½ inch	4.00

Burns

*0351	Initial treatment, first degree, where no more than local treatment necessary	6.00
*0354	Dressing, initial, without anesthesia, small, office	8.00
*0355	without anesthesia, medium (whole face or whole extremity, etc.)	12.00
*0356	without anesthesia, extensive	16.00

Destruction

*0401	Cauterization or fulguration of local lesion, single, small, initial	4.00
*0402	subsequent	4.00

Breast

Incision

*0430	Puncture aspiration of cyst	4.00

MUSCULOSKELETAL SYSTEM

0501	Aspiration biopsy of bone marrow, including sternal puncture	12.00

FRACTURES

These fees include application of first cast and two weeks' postoperative care.

0686	Nasal, simple closed reduction	20.00
0687	Nasal, compound, closed reduction	40.00
0691	Malar, simple, closed reduction	20.00
0696	Maxilla, simple, closed reduction	20.00
0703	Mandible, simple, closed reduction	20.00

FRACTURES (Continued)

0740	Clavicle, simple, closed reduction	$40.00
0747	Scapula, simple, closed reduction	40.00
0752	plus acromial process, simple, closed reduction	60.00
0756	Sternum, simple, nondepressed, closed reduction	40.00
*0761	Ribs, simple, strapping	8.00
0762	complicated	By report
0778	Humerus, surgical neck, simple, not requiring manipulation	60.00
0791	Elbow (distal end of humerus, proximal end of radius, proximal end of ulna) condyle only, simple, closed reduction	60.00
0792	one or more bones, simple, closed reduction	60.00
0796	supracondylar	80.00
0798	Radius, head, simple, closed reduction	40.00
0802	shaft, simple, closed reduction, without displacement	40.00
0803	simple, closed reduction with displacement	60.00
0807	distal end, Colles' (including ulnar styloid) simple, closed reduction	60.00
0813	Ulna, shaft, simple, closed reduction	40.00
0820	Radius and ulna, simple, closed reduction	60.00
0827	Carpal bones, one, simple, closed reduction	32.00
0842	Metacarpal, one, simple, closed reduction	28.00
0852	Phalanx or phalanges, one finger, or thumb, simple, closed reduction	20.00
0895	Patella, simple	40.00
0901	Tibia, shaft, simple, closed reduction	60.00
0914	Fibula, shaft, simple, closed reduction	40.00
0926	Tibia and fibula, shafts, simple, closed reduction	80.00
0933	Ankle, bimalleolar (including Potts) simple, closed reduction	80.00
0944	Tarsal (except astragalus and os calcis), one, simple, closed reduction	32.00
0955	Astragalus, simple, closed reduction	60.00
0961	Os Calcis, simple, closed reduction	60.00
0967	Metatarsal, simple, closed reduction, one	28.00
0980	Phalanx or phalanges, one toe, simple, closed reduction	12.00

DISLOCATIONS

*1251	Temporomandibular, simple, closed reduction	20.00
1273	Clavicle, sternoclavicular, simple, closed reduction	40.00
*1284	Shoulder, (humerus), simple, closed reduction	20.00
1290	Elbow, simple, closed reduction	32.00
1295	Wrist, carpal, one bone, simple, closed reduction	28.00
1304	Metacarpal, one bone, simple, closed reduction	20.00
*1315	Finger, one, one or more joints, simple, closed reduction	12.00
*1326	Thumb, simple, closed reduction	12.00
1344	Knee (tibia), simple, closed reduction	40.00
1350	Patella, simple, closed reduction	20.00
1355	Ankle, simple, closed reduction	40.00
1361	Tarsal, simple, closed reduction	40.00
1371	Astragalo-tarsal, simple, closed reduction	40.00
1376	Metatarsal, one bone, simple, closed reduction	20.00
1385	Toe, one, simple, closed reduction	12.00

Pro. No.	Procedure	Maximum Charge
	SURGERY (Continued)	
	BURSAE	
*1401	Drainage of infected bursa	$12.00
*1413	Puncture for aspiration of bursae, initial	8.00
*1418	subsequent	6.00
*1424	Needling of bursa	8.00
*1425	subsequent	6.00
*1427	with irrigation of bursa	8.00
*1428	subsequent with irrigation of bursa	6.00
*1511	Drainage of tendon sheath, infection for acute tenosynovitis, one digit	8.00
*1517	Injection of medication, tendon sheath, hand	4.00
	Plaster Casts (Independent Procedure Only)	
*1851	Molded plaster to forearm	8.00
*1854	elbow to fingers	8.00
*1856	hand and wrist	8.00
*1860	shoulder to hand	12.00
*1862	shoulder spica	20.00
*1865	ankle (foot to midleg)	8.00
*1867	knee (foot to thigh)	16.00
*1871	Ambulatory leg cast	12.00
*1875	Molded plaster to leg	8.00
*1892	Wedging of the cast	4.00
	RESPIRATORY SYSTEM	
*1901	Drainage of nasal abscess	6.00
*1905	Drainage of septal abscess	10.00
*1911	Biopsy, soft tissue, nose	8.00
*1915	Excision of nasal polyp	8.00
*1941	Rhinoscopy with removal of foreign body in nose	8.00
*1965	Cauterization of turbinates, unilateral or bilateral (independent procedure)	8.00
*1971	Control of primary nasal hemorrhage, with cauterization of septum	8.00
*1974	with nasal pack	8.00
*1981	Antrum puncture, unilateral	8.00
2061	Injection of radiopaque substance into larynx for bronchography, indirect method	12.00
*2183	Thoracentesis: puncture of pleural cavity for aspiration, initial	12.00
2186	subsequent	8.00
	CARDIOVASCULAR SYSTEM	
*2454	Injection of sclerosing solution into vein of leg, initial, unilateral	4.00
*2461	subsequent, unilateral	4.00
	HEMIC AND LYMPHATIC SYSTEMS	
*2631	Drainage of lymph node abscess or lymphadenitis	8.00
2641	Biopsy of lymph node	20.00
2644	Excision of lymph node	20.00

Pro. No.	Procedure	Maximum Charge
	DIGESTIVE SYSTEM	
*2701	Drainage of sublingual abscess	$8.00
*2705	Drainage of Ludwig's angina	28.00
*2771	Drainage of lingual abscess	8.00
*2781	Biopsy of tongue	8.00
*2815	Drainage of alveolar abscess, acute with cellulitis —oral	8.00
*2871	Incision and drainage of palate (abscess)	8.00
*2961	Dilation of salivary duct; ptyalectasis	8.00
*3283	I and D perirectal abscess, office	8.00
3311	Proctosigmoidoscopy, diagnostic, initial	12.00
3312	subsequent	8.00
3313	with biopsy, initial	20.00
3314	subsequent	12.00
3319	Sigmoidoscopic control of hemorrhage	30.00
*3341	Reduction of prolapse of rectum	8.00
*3392	Emicleation of external thrombotic hemorrhoid	12.00
*3401	Hemorrhoids, injection of sclerosing solution	6.00
3411	Anoscopy, diagnostic	4.00
3413	with biopsy	12.00
3415	with removal of foreign body	12.00
3416	subsequent	4.00
3417	Control of hemorrhage—endoscopic	24.00
3588	Peritoneocentesis: abdominal paracentesis, initial	16.00
3590	subsequent	8.00
	URINARY SYSTEM	
3931	Cystoscopy, diagnostic, initial	20.00
*4031	Dilation of urethral stricture by passage of sound, initial	12.00
*4033	subsequent	4.00
	MALE GENITAL SYSTEM	
*4101	Dorsal or lateral "slit" of prepuce (independent procedure)	12.00
*4111	Biopsy of penis	8.00
*4191	Puncture aspiration of hydrocele	8.00
*4192	subsequent	4.00
*4305	Prostate—needle biopsy	8.00
	FEMALE GENITAL SYSTEM	
*4403	Incision and drainage of abscess of vulva	8.00
*4405	Incision and drainage of Bartholin's gland abscess, unilateral	8.00
*4421	Biopsy of vulva	8.00
*4611	Biopsy of cervix (independent procedure)	8.00
*4641	Local excision of lesion of cervix (cauterization or conization)	8.00
*4712	Dilation of cervix, instrumental (independent procedure) in office	12.00
*4713	subsequent, office	4.00
	NERVOUS SYSTEM	
*5057	Spinal puncture: lumbar puncture (independent procedure), initial, diagnostic with pressure readings	12.00
*5060	Simple spinal puncture	8.00
*5062	Cisternal puncture (independent procedure)	12.00

Pro. No.	Procedure	Maximum Charge

SURGERY (Continued)

EYE

5437	Peripheral fields, complete	$8.00
5443	Paracentesis of cornea (keratocentesis)	40.00
*5445	Removal of foreign body from surface of cornea	6.00
5448	under slit lamp	12.00
5457	Pterygium	80.00
*5465	Curettage and cauterization of corneal ulcer	20.00
*5466	Iontophoresis of corneal ulcer	20.00
5496	Aspiration of anterior chamber	16.00
5511	Air injection into anterior chamber for chronic glaucoma	60.00
5515	Irrigation and air injection into anterior chamber for chronic glaucoma	60.00
5671	Orbital injection of alcohol for hemorrhagic glaucoma—or intractable pain	40.00
*5691	Blepharatomy with drainage of abscess of eyelid	8.00
*5692	with drainage of Meibomian glands; hordeolum (stye)	8.00
5702	Blepharectomy incision or excision of Meibomian glands (chalazion), single	20.00
5707	Excision of lesion of eyelid, malignant (See 0260 to 0296.)	
5712	Epilation, electrolytic	20.00
5717	Excision of xanthoma (See 0260 to 0296.)	
*5728	Cautery puncture for entropion or ectropion	20.00
5731	Blepharorrhaphy: suture of eyelid (See 0265 to 0267.)	

EYE (Continued)

5734	Tarsorrhaphy: suture of tarsal cartilage (See 0265 to 0267.)	
5737	Canthorrhaphy: suture of palpebral fissure of canthus (See 0265 to 0267.)	
*5741	Removal of foreign body from surface of conjunctiva	$4.00
*5742	embedded in conjunctiva	8.00
*5743	Suture of conjunctiva	12.00
*5751	Biopsy of conjunctiva	20.00
*5753	Excision of lesion of conjunctiva: cyst	20.00
5801	Drainage of lacrimal gland (abscess)	40.00
5821	Catheterization of lacrimonasal duct, initial	40.00
*5835	Closure of punctum by cautery	16.00
*5841	Dilation of punctum	8.00
*5843	Probing of lacrimonasal duct, initial	12.00
*5844	subsequent	6.00

EAR

*5901	Drainage of abscess of auricle	8.00
*5903	Drainage of hematoma of auricle	8.00
*5905	Drainage of abscess of external auditory canal	8.00
*5911	Biopsy of ear	8.00
*5931	Otoscopy with removal of foreign body in external auditory canal	8.00
5955	Catheterization of Eustachian tube	6.00
*5961	Myringotomy: tympanotomy; plicotomy	8.00

MC 040.3

RADIOLOGY

MC 040.3

HEAD AND NECK

7007	Eye for foreign body	12.00
7008	Eye for localization of foreign body	20.00
7010	Mandible	12.00
7012	Mastoids	16.00
7015	Facial bones	16.00
7016	Nasal bones	10.40
7018	Optic foramina	12.00
7020	Paranasal sinuses, regular	13.60
7022	contrast study	13.60
7024	Sella turcica	10.40
7026	Skull, complete study	20.00
7027	partial study	16.00
7028	complete, including paranasal sinuses	30.00
7030	Teeth, single area	1.60
7031	partial examination	8.00
7032	complete examination	12.00
7033	Temporomandibular joints	16.00
7035	Neck for soft tissues	12.00
7037	Sialography	12.00
7038	contrast study	16.00

CHEST

7100	Single PA, teleroentgenogram or other	8.00
7101	Complete—stereoscopic posteroanterior, other positions as indicated, with fluoroscopy where indicated	16.00
7102	Kymography	20.00
7103	Special body section radiography	20.00
7104	Bronchography	16.00
7105	including installation of contrast substance and anesthesia	28.00
7108	Fluoroscopy	6.00
7110	Ribs	10.40
7112	Sternum	12.00

SPINE AND PELVIS

7201	Spine, complete	36.00
7204	cervical	12.00
7206	cervical, special oblique and flexion studies	20.00
7207	thoracic	12.00
7210	lumbosacral	12.00
7211	with obliques	16.00
7214	sacro-coccygeal	12.00
7215	lumbosacral, including pelvis	16.00
7217	Pelvis, including hips	9.60
7219	with lateral, both hips	16.00

Pro. No.	Procedure	Maximum Charge

RADIOLOGY (Continued)

SPINE AND PELVIS (Continued)

7220	Sacro-iliacs	$16.00
7225	Myelography	32.00
7227	Discogram	24.00
7250	Clavicle	8.00
7251	Scapula	12.00
7252	Shoulder	10.40
7253	Humerus, including one joint	8.00
7254	Elbow	8.00
7255	Forearm, including one joint	8.00
7256	Wrist	8.00
7257	Hand	8.00
7258	Fingers	4.00

LOWER EXTREMITIES

7300	Hips	12.00
7301	complete, multiple positions	16.00
7303	Femur, including one joint	12.00
7304	Knee	8.00
7305	Leg, including one joint	8.00
7306	Ankle	8.00
7307	Foot	8.00
7308	Toes	6.00

ABDOMEN

7350	Plain film study	8.00
7351	Special studies, such as in passage of Miller-Abbott tube, etc.	20.00
7352	Fistula examination with contrast media	16.00
	Gastro-intestinal tract:	
7356	Esophagus	13.60
7357	Small bowel studies	24.00

ABDOMEN (Continued)

7358	Upper gastro-intestinal tract	$24.00
7360	Colon by barium enema	16.00
7361	by barium enema and double contrast	24.00
7363	Gall bladder, plain	8.00
7364	cholecystography	16.00
7365	Cholangiography, operative or postoperative	20.00
7366	including intravenous opaques	~~$2.00~~ 28.00
	Urological:	
7370	Kidney, ureter and bladder, plain film	8.00
7372	Pyelography—intravenous	24.00
7373	retrograde	16.00
7375	Cystography	12.00
7377	Urethrocystography	16.00

SPECIAL STUDIES

7450	Reduction of fractures—fluoroscopic assistance	8.00
7452	Localization of foreign body (excepting eye), fluoroscopy and film as indicated	12.00
7453	Foreign body removal—fluoroscopic assistance	12.00
7456	Bone age studies	12.00
7457	Bone length studies (orthoroentgenogram)	12.00
7458	Bone survey	24.00
7466	Body section radiography	20.00
7468	Portable in home (additional charge)	12.00
7475	Examination outside regular hours, additional charge	4.00
7476	Examination at bedside, additional charge	4.00
7478	Consultation on X-ray examination made elsewhere	12.00

MC 040.4

PATHOLOGY

MC 040.4

BLOOD

8602	Aggultinations, for febrile diseases, first antigen	2.40
8603	each additional	1.20
8605	Amylase, blood	6.00
8606	Antistreptolysin titer	4.80
8608	Ascorbic acid	4.80
8609	Basophilic aggregates (L-E cells)	4.00
8611	Bilirubin (Van den Bergh)	4.00
8614	Bleeding time	1.60
8617	Blood culture, aerobic and anaerobic	8.00
8618	definitive	8.00
8620	Blood, red cell count	1.20
8622	hemoglobin determination	1.20
8624	white cell count	1.20
8626	differential count	1.20
8628	complete count	4.00
8634	Bone marrow, collection and examination of material	24.00
8636	examination of material	12.00

BLOOD (Continued)

8637	Bromides	4.00
8638	Bromsulphalein	6.00
8640	C-reactive protein	4.00
8641	Calcium	4.00
8643	Carbon dioxide combining power	6.00
8644	Congo red	4.00
8646	Cephalin flocculation	4.00
8647	Arterial puncture	4.00
8648	CO_2 content arterial blood	8.00
8650	Chlorides	4.00
8652	Cholesterol	4.00
8654	Cholesterol ester	5.60
8656	Clot retraction	.80
8658	Coagulation time (Lea & White)	2.40
8659	other methods	1.60
8661	Complement fixation tests (Wassermann, etc.)	4.00
8662	Complement fixation, quantitative	4.00

PATHOLOGY (Continued)

Pro. No.	Procedure	Maximum Charge
	BLOOD (Continued)	
8664	Creatinine	$4.00
8665	Creatinine clearance	6.00
8666	Creatine	4.00
8667	Electrophoresis pattern, protein	8.00
8668	lipoprotein	8.00
8671	Eosinophile count	2.40
8675	Flocculation tests (Kline, Kahn, etc.), each	2.00
8677	Hemoglobin, carbon monoxide	4.00
8678	methemoglobin	4.00
8679	sulphemoglobin	4.00
8681	Hematocrit	2.00
8684	Heterophile antibody with absorption	6.00
8685	without absorption	4.00
8688	Oxygen saturation, arterial blood	8.00
8689	pH (arterial blood)	8.00
8690	Icterus index	2.00
8691	Lead	12.00
8692	Lipase	6.00
8693	Lipids, total	4.00
8694	Lipids, phospho	4.00
8695	Nonprotein nitrogen	4.00
8697	O_2 Content (arterial blood)	8.00
8698	Blood oxygen	8.00
8699	Oxycorticoids	12.00
8700	Phosphatase, acid	6.00
8701	alkaline	6.00
8702	Phosphorus	4.00
8703	pH blood	8.00
8704	Platelet count	2.40
8706	Potassium	6.00
8707	Protein bound iodine	8.00
8708	Prothrombin time, first three, each	4.00
8709	subsequent, each	2.40
8710	Prothrombin utilization	6.00
8711	Red cell fragility	4.00
8713	Reticulocyte count	2.40
8716	Rh titer	4.00
8720	Sedimentation rate	2.00
8722	Smears for parasites (malaria, etc.)	2.40
8724	Sodium	6.00
8726	Sugar	3.20
8728	Sugar tolerance, three hours	10.00
8729	five hours	12.00
8730	Sulphonamide determination	4.00
8731	Thymol turbidity	4.00
8733	Total protein	4.00
8734	and albumin globulin ratio	8.00
8735	Albumin and globulin ratio	4.00
8737	Typing blood	2.40
8738	Rh	2.40
8739	Coombs technique	4.00
8740	Crossmatch saline and albumin	4.00
8741	Urea	4.00
	BLOOD (Continued)	
8743	Urea clearance	$8.00
8746	Uric acid	4.00
8748	Vitamin A	8.00
8750	Volume, blood (dye method)	4.80

FECES

8800	Occult blood	.80
8801	Routine chemical, fat	.80
8802	starch	.80
8803	Routine microscopic, wet preparation (parasites)	3.20
8804	Iron hematoxylin stain	3.20
8805	Routine chemical and microscopic examination, including parasites	8.00
8806	Routine to include complete chemical and microscopic (series of three)	16.00
8809	Quantitative urobilinogen	8.00
8813	Culture for bacteria, screening	4.00
8814	definitive	8.00
	Gastric or Duodenal Contents (Includes Aspiration)	
8820	Gastric contents, sterile technique	4.00
8821	microscopic	2.40
8824	chemical, acid, single	2.40
8827	chemical, acid, fractional	8.00
8828	chemical, acid, fractional, with histamine	8.00
8829	chemical, pepsin	12.00
8830	tubeless	8.00
8831	Duodenal contents, microscopic	2.40
8835	enzyme determination as ordered, each	6.00

SPINAL FLUID

8851	Spinal fluid collection	8.00
8853	Routine chemical (Pandy)	.80
8855	Routine microscopic (cell count)	1.20
8857	Routine chemical and microscopic	8.00
8861	Colloidal gold (mastic, carbon, etc.)	2.40
8866	Complement fixation tests for syphilis	2.40
8871	Smear for bacteria	2.40
8873	Culture for bacteria screening	4.00
8874	definitive	8.00
8878	Quantitative chemical tests (see Blood)	

SPUTUM

8881	Smear, direct	2.40
8884	after concentration	4.00
8891	Culture, direct screening	4.00
8892	direct definitive	8.00
8894	after concentration	4.00
8895	for fungus	4.00

TISSUES

8901	Surgical, gross only	2.00
8903	gross and microscopic	16.00
8907	frozen section (includes permanent section)	24.00

Pro. No.	Procedure	Maximum Charge
PATHOLOGY (Continued)		
TISSUES (Continued)		
8911	culture for bacteria screening	$4.00
8912	culture for bacteria, definitive	8.00
8917	Cytologic study (Papanicolaou smear)	10.00
8918	gastric or pepsin	16.00
URINE		
8930	Routine chemical, qualitative	.80
8931	Quantitative sugar	1.20
8932	Routine microscopic	.80
8933	Bence-Jones protein	.80
8934	Complete routine (chemical and microscopic)	1.60
8935	Quantitative functional (Addis)	4.00
8936	Concentration and dilution tests	1.60
8937	Sugar fermentation	.80
8938	Phenosulfonphthalein	4.00
8939	Porphyrins, qualitative	4.00
8940	quantitative	10.00
8941	Smear for bacteria	2.40
8942	Porphobilinogen	2.40
8943	Culture for bacteria screening	4.00
8944	Lead, quantitative	12.00
8945	Culture for bacteria, definitive	8.00
8946	Quantitative calcium (Sulkowitch)	1.20
8947	Bile pigments	1.20
8948	Quantitative chemical examination (see Blood)	
8949	24-hour calcium	4.00
MISCELLANEOUS		
8950	Electroencephalogram	20.00
8951	Antibiotic sensitivity, per antibiotic (pyrogenic)	1.60
8953	Autogenous vaccine	12.00
8954	Audiometer testing, any method	6.00
8955	Barany vestibular test	8.00

Pro. No.	Procedure	Maximum Charge
MISCELLANEOUS (Continued)		
8956	Basal metabolic rate	$4.80
8957	Electrocardiogram, with interpretation and report	10.00
8958	without interpretation and report	4.00
8959	interpretation and report only (tracing not done by interpreting physician)	6.00
8960	exercise test, with interpretation and report	14.00
8967	Urinary 17-ketosteroids	10.00
8968	11-oxysteroids	12.00
8969	gonadotropins	12.00
8970	Residual air determination	By report
8971	Bronchospirometry (See 2126.)	20.00
8972	Exclusion test for pheochromocytoma (Regitine, etc.)	6.00
8973	Direct smear without stain	1.60
8974	Miscellaneous smear for bacteria with stain	2.40
8976	Miscellaneous culture for bacteria screening	4.00
8978	Miscellaneous animal inoculation for bacteria	10.00
8979	Miscellaneous culture for bacteria definitive	8.00
8983	Vital capacity	2.40
8987	Skin tests with bacterial extracts (each) (Brucella, Frei, Tuberculin, etc.)	3.20
8988	Venous pressure	4.00
8989	Circulation time	4.00
8991	Stone analysis, qualitative	4.00
8992	quantitative	12.00
8994	Transudates and exudates, microscopic (See 8903)	
8995	Culture screening	4.00
8996	definitive	8.00
8997	Animal inoculation	10.00
8998	Chemical (see Blood)	
8999	Ventilation studies, complete (respirometer), including spirogram, timed vital capacity, maximal breathing capacity, with interpretation and report	12.00

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California Public Assistance Medical Care Program

SCHEDULE OF MAXIMUM ALLOWANCES

DENTAL SERVICES

This schedule has been established by the State Department of Social Welfare with the advice and assistance of the California and Southern California Dental Associations and represents the maximum allowances for the procedures and services set forth in the schedule.

These maximum allowances have been set, by agreement with representatives of the dental profession, at amounts approximately 20 percent under the median charges for the same procedures and services as determined by a survey conducted by the above named associations in August, 1953.

State of California
Department of Social Welfare
George K. Wyman, Director

MC 042

DENTAL SERVICES

MC 042

Code No.	Procedure	Maximum Charge
010	Examination and completion of treatment planning form	$6.00
020	Roentgenograms:	
021	Single film	2.00
022	Additional films (up to and including a total of 13 films), each	1.00
023	Entire denture series consisting of at least 14 films	10.00
024	Intraoral, occlusal view, maxillary or mandibular, each	2.00
025	Superior or inferior maxillary, extraoral, one film	5.00
026	Superior or inferior maxillary, extraoral, two films	7.50
030	Professional visits to bedside	6.00
040	Special consultation fee, necessity to be shown	10.00
050	Prophylaxis treatment (to include scaling and polishing teeth)	6.00
060	Topical application of sodium fluoride (series of four treatments)	20.00
070	Periodontia treatment	6.00
080	Removal of hypertrophied gingival areas (polyps)	3.00
090	Microscopic examination	5.00
100	Emergency treatment, palliative	4.00
110	$AgNO_3$ application. Fluoride paste or other medication to a tooth surface to inhibit caries or to desensitize the area	2.00
120	Office visit for treatment and observation of injuries to teeth and supporting structure, other than placement of steel, crown, pulpotomy, etc.	3.00
130	Vitality test with pulp tester	3.00
140	Extractions:	
141	Single with local anesthesia	5.00
142	Each additional tooth	4.00
143	Impacted teeth	15.00- 40.00
144	Supernumerary teeth	15.00- 40.00
150	Penicillin injection:	
151	300,000 u. aqueous procaine	2.00
152	600,000 u. aqueous procaine	3.00
153	Bicillin 1,200,000 u.	4.00
160	Anesthetics: General	10.00
170	Pulpal therapy:	
171	Pulp capping	5.00
172	Therapeutic pulpotomy	12.00
173	Vital pulpotomy	10.00
174	Extirpation of pulp, treatment, filling root canal, roentgenogram	25.00
175	Apicoectomy	25.00
180	Amalgam fillings:	
181	Cavities involving one tooth surface	6.00
182	Cavities involving two tooth surfaces	9.00
183	Cavities involving three or more tooth surfaces	12.00
190	Gold fillings or inlays:	
191	Cavities involving one tooth surface	18.00
192	Cavities involving two tooth surfaces	28.00
193	Cavities involving three or more tooth surfaces	32.00
200	Silicate cement fillings	7.00
201	Acrylic or plastic fillings	9.00
210	Crowns:	
211	Acrylic jacket	55.00
212	Porcelain jacket	60.00
	Gold:	
	One- or two-piece, with swaged cusps:	
213	Molar	25.00
214	Bicuspid	25.00
215	Cuspid or incisor	25.00
	With heavy cast cusps or all cast:	
216	Molar	35.00
217	Bicuspid	35.00
218	Cuspid or incisor	35.00
219	Three-quarter, any tooth	35.00
	Stainless steel:	
220	Primary tooth	15.00
221	Permanent tooth	17.50
230	Bridge work:	
	Abutments (see Crowns and Inlays)	
	Pontics:	
231	Cast gold, posterior (sanitary)	25.00
	Gold and porcelain:	
232	Steele's facing type	30.00
233	Tru-Pontic type	35.00
	Removable: One-piece casting, gold or chrome cobalt:	
234	Alloy clasp attachment (all types)	23.00
235	Pontic (including tooth)	23.00
240	Recementing:	
241	Inlay	3.00
242	Crown	3.00
243	Bridge	7.00
250	Repairs, crowns and bridges:	
251	Replace broken pin facing with Bryant repairs	10.00
252	Replace broken pin facing with Steele's repairs	12.00

DENTAL SERVICES—Continued

Code No.	Procedure	Maximum Charge
253	Replace broken Steele's facing where post backing is intact	6.00
254	Replace broken Steele's facing where post on backing is broken	12.00
260	Dentures:	
261	Full upper or lower: Acrylic	100.00
262	Partial upper or lower without clasps: Acrylic	62.00
263	Partial upper or lower with two gold or chrome cobalt alloy clasps: Acrylic	105.00
264	Partial lower with gold or chrome cobalt alloy lingual bar and two clasps: Acrylic	125.00
	Partial upper with gold or chrome cobalt alloy palatal bar and two clasps:	
265	Acrylic	125.00
266	Clasps, additional, gold or chrome cobalt alloy	18.00
267	Denture adjustment	3.00
270	Repairs, dentures, acrylic:	
271	Broken denture, repairing (no teeth involved)	10.00
272	Broken denture, repairing and replacing broken teeth:	
	Each tooth, additional	5.00
	Replacing broken teeth on denture only:	
273	First tooth	10.00
274	Each additional tooth	5.00
	Adding teeth to partial denture to replace extracted natural teeth:	
275	First tooth	18.00
276	Each additional tooth	5.00
277	Replacing clasp on denture, clasp intact	10.00
278	Replacing broken clasp on denture with new clasp	20.00
280	Fixed space maintainer	50.00
290	Removable acrylic space maintainer:	
291	a. With stainless steel round wire rests only	40.00
292	b. Stainless steel clasps and/or activating wires in addition, per wire or clasp	5.00
293	c. Office visit for: Observation, adjustment, and activation, per visit	3.00
294	d. Study models	5.00
300	Removable inhibiting appliance to correct thumb-sucking	40.00
301	a. Office visit for: Observation, adjustment, and activation, per visit	3.00
310	Fixed or cemented inhibiting appliance to correct thumbsucking	40.00
311	a. Office visit for: Observation, adjustment, and activation, per visit	3.00
320	Treatment of simple fracture of the maxilla	75.00
330	Treatment of simple fracture of the mandible	75.00
340	Treatment of compound or comminuted fracture of the maxilla	150.00
350	Treatment of compound or comminuted fracture of the mandible	150.00
360	Treatment of luxation (dislocation) of the mandible	5.00

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Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-043

MC-043 CHIROPODY MC-043

10	Routine office visit	$ 4.00
20	Routine home visit	6.00
30	Home visit - each additional member, same household, maximum total any one visit $12.00	3.00
35	Mileage per mile, one way, beyond radius of 10 miles office or home	.80
40	Roentgenograms:	
41	Toes	6.00
42	Foot	8.00
43	Ankle	8.00
44	Additional views	4.00
50	Fractures - closed reductions (includes application of first cast and two weeks postoperative care)	
51	Tarsal	32.00
52	Metatarsal	28.00
53	Phalanx	12.00
60	Plaster casting procedure for conditions other than fractures	
	Foot and/or ankle	8.00
70	Flexible casting	
71	Unna boot, Pressoplast, Contoura lower leg bandaging - per leg	8.00
72	Adhesive strappings	4.00
80	Surgery	
81	Drainage or puncture aspiration of abscess, hematoma, onychia, paronychia (with or without partial avulsion of nail)	4.00
82	Incision and removal of foreign body, subcutaneous tissues, simple	8.00
83	Incision and removal of foreign body, subcutaneous tissues, complicated	By report
84	Excision of nail, nail bed or nail fold, partial	8.00
85	Excision and/or direct repair, lineal scar or wound up to 1/8 inch wide and 1/2 inch long	12.00
86	each additional 1/2 inch	4.00

These Regulations are designated to become effective OCT 1 '57

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

MC-043 Chiropody (Continued) MC-043

87	Local destruction of small benign, neoplastic, cicatricial, inflammatory or congenital lesions, one	$12.00
88	more than one	16.00
89	Chemocautery of verrucae or neuro-fibrous lesions, per visit	4.00
90	Tenotomy	12.00
91	Burns, initial treatment, first degree, where no more than local treatment necessary	6.00
92	dressing, initial, without anesthesia	8.00
93	Bursa, drainage of infected bursa	8.00
94	Puncture for aspiration, initial	8.00
95	subsequent	6.00
96	Anesthesia, local	4.00

The above services under 50, 60, 70 and 80 do not justify a separate charge for the office or home visit during which the service is given.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

41998 8-56 30M SPO

MC-044 CHIROPRACTIC MC-044

004	Home visit (where requested and made between 11 p.m. and 8 a.m.)	$ 8.75
005	Home visit - each additional member, same household (maximum total any one visit $12.25)	2.65
006	Routine office visit	3.50
007	Routine home visit ($2.65 each additional member, maximum total any one visit $10.50)	5.25
008	Mileage per mile, one way, beyond radious of 10 miles office or home	.70

The following items require prior authorization except in an emergency, and are limited to cases of a serious or complicated nature requiring additional time and special study.

026	Consultation for given system not requiring complete examination - office or home	10.50
027	Consultation requiring complete examination - office or home	24.50
028	Complete history and physical examination - office or home	17.50
029	Office visit necessitating professional care over and above routine office visit	5.25
030	Home visit necessitating professional care over and above routine home visit	8.75
031	Home visit necessitating professional care over and above routine home visit, 11 p.m. to 8 a.m.	10.50
032	Prolonged detention with patient in critical condition, per hour	14.00
034	Office visit necessitating resurvey of patient as a whole	7.00

Allergy Testing

102	Scratch or puncture tests, per 10 tests Minimum - $3.50	3.50
103	Intradermal tests, per 10 tests Minimum - $3.50	5.25
104	Patch tests, per one test Minimum - $3.50	.70

These Regulations are designated to become effective OCT 1 '57

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

MC-044	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-044	Chiropractic (Continued)	MC-044
105	Direct ophthalmic tests, per one test Minimum - $3.50	$ 1.40
106	Direct nasal test, per one test Minimum - $3.50	1.40
107	Passive transfer tests, per 10 tests Minimum - $3.50	10.50
111	Allergic Rhinitis - seasonal	24.50
151	Conjunctivitis - seasonal	24.50

Radiology - See Section MC - 040.3

Pathology - See Section MC-040.4

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

41998 8-56 30M SPO

MC-045 TREATMENT BY PRAYER OR HEALING BY SPIRITUAL MEANS MC-045

1.	Office visit	$3.00
2.	Home visit	4.50

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

41998 8-56 30M SPO

California Public Assistance Medical Care Program

MC-046 SCHEDULE OF MAXIMUM ALLOWANCES MC-046

DRUGS AND MEDICAL SUPPLIES

The maximum allowances for drugs and medical supplies as set forth in this schedule have been adopted by the State Department of Social Welfare with the advice and assistance of the California Pharmaceutical Association. The maximum allowances are 10 percent less than the fee schedules generally in use by California pharmacies. This 10 percent reduction equals a 20 percent reduction off the average professional fee and markup.

Prescription—An order for drugs or medication on the specified form (MC-165) signed by a physician, dentist or chiropodist meeting the definition of paragraph 4036 of the California Pharmacy Law, January 1, 1956.

All prescriptions shall be priced at amounts not exceeding this schedule. Fees shall be based on the nearest standard wholesale cost. No surcharge may be made for narcotic and hypnotic prescriptions.

The minimum price for any prescription shall be not less than ~~$1.35.~~ $1.20.

All prescriptions for narcotics shall be accompanied by the required federal prescription form.

Prescriptions must be filled within seven days from the date of issue and are not refillable.

State of California
Department of Social Welfare
George K. Wyman, Director

CALIFORNIA PUBLIC ASSISTANCE PRESCRIPTION FEE SCHEDULE

All premanufactured products are to be priced by the proprietary table, including ointments, suppositories, liquids, pills, tablets, capsules, powders, etc. This is possible by applying the percentage aspect of the table.

COST COST

Liquids	1 oz.		2 oz.			3 oz.		4 oz.				6 oz.		8 oz.			12 oz.	16 oz.	Liquids
Percent of 100	6%	10%	12%	15%	18%	20%	24%	25%	30%	33%	36%	40%	48%	50%	60%	67%	75%	100%	Percent of 100
.50	1.20	1.20	1.20	1.20	1.20	1.20	1.25	1.30	1.35	1.40	1.40	1.45	1.50	1.55	1.60	1.60	1.70	1.90	.50
.60	1.20	1.20	1.20	1.20	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.50	1.60	1.60	1.65	1.75	1.80	2.05	.60
.70	1.20	1.20	1.20	1.25	1.30	1.35	1.40	1.40	1.45	1.50	1.55	1.60	1.65	1.65	1.75	1.85	1.95	2.20	.70
.80	1.20	1.20	1.25	1.30	1.35	1.40	1.45	1.45	1.50	1.55	1.60	1.60	1.70	1.75	1.85	1.95	2.05	2.35	.80
.90	1.20	1.20	1.25	1.30	1.40	1.40	1.50	1.50	1.55	1.60	1.60	1.65	1.80	1.80	1.95	2.05	2.15	2.50	.90
1.00	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.60	1.65	1.75	1.85	1.90	2.05	2.15	2.25	2.65	1.00
1.10	1.25	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.60	1.70	1.75	1.80	1.95	2.00	2.10	2.25	2.40	2.80	1.10
1.20	1.25	1.30	1.35	1.40	1.50	1.50	1.60	1.60	1.65	1.75	1.80	1.85	2.05	2.05	2.20	2.35	2.50	2.95	1.20
1.30	1.30	1.35	1.40	1.45	1.50	1.55	1.60	1.60	1.70	1.80	1.85	1.95	2.05	2.10	2.30	2.45	2.60	3.10	1.30
1.40	1.30	1.35	1.40	1.45	1.55	1.60	1.65	1.65	1.75	1.85	1.90	2.00	2.15	2.20	2.40	2.55	2.70	3.25	1.40
1.50	1.35	1.35	1.40	1.50	1.55	1.60	1.65	1.70	1.80	1.90	1.95	2.05	2.20	2.25	2.50	2.65	2.85	3.40	1.50
1.60	1.35	1.40	1.45	1.50	1.60	1.60	1.70	1.75	1.85	1.95	2.05	2.10	2.30	2.35	2.55	2.75	2.95	3.55	1.60
1.70	1.35	1.40	1.45	1.55	1.60	1.65	1.75	1.80	1.90	2.00	2.05	2.15	2.40	2.45	2.65	2.85	3.05	3.70	1.70
1.80	1.35	1.40	1.50	1.55	1.60	1.65	1.80	1.80	1.95	2.05	2.10	2.20	2.45	2.50	2.75	2.95	3.15	3.85	1.80
1.90	1.35	1.45	1.50	1.60	1.65	1.70	1.85	1.85	2.00	2.05	2.15	2.30	2.50	2.55	2.85	3.05	3.30	4.00	1.90
2.00	1.35	1.45	1.50	1.60	1.65	1.75	1.85	1.90	2.05	2.15	2.20	2.35	2.55	2.65	2.95	3.15	3.40	4.15	2.00
2.10	1.35	1.45	1.55	1.60	1.70	1.75	1.90	1.95	2.05	2.20	2.30	2.40	2.65	2.70	3.00	3.25	3.50	4.30	2.10
2.20	1.35	1.50	1.55	1.60	1.75	1.80	1.95	2.00	2.10	2.25	2.35	2.50	2.70	2.80	3.10	3.35	3.60	4.45	2.20
2.30	1.35	1.50	1.60	1.65	1.75	1.85	2.00	2.05	2.15	2.30	2.40	2.50	2.80	2.90	3.20	3.45	3.75	4.60	2.30
2.40	1.35	1.50	1.60	1.65	1.80	1.85	2.05	2.05	2.20	2.35	2.45	2.55	2.85	2.95	3.30	3.55	3.85	4.75	2.40
2.50	1.35	1.55	1.60	1.70	1.80	1.90	2.05	2.05	2.25	2.40	2.50	2.65	2.95	3.00	3.40	3.65	3.95	4.90	2.50
2.60	1.40	1.55	1.60	1.70	1.85	1.95	2.05	2.10	2.30	2.45	2.55	2.70	3.00	3.10	3.45	3.75	4.05	5.05	2.60
2.70	1.40	1.55	1.60	1.75	1.90	1.95	2.10	2.15	2.35	2.50	2.60	2.75	3.05	3.15	3.55	3.85	4.20	5.20	2.70
2.80	1.40	1.60	1.65	1.75	1.90	2.00	2.15	2.20	2.40	2.50	2.65	2.85	3.15	3.25	3.65	3.95	4.30	5.35	2.80
2.90	1.40	1.60	1.65	1.80	1.95	2.05	2.20	2.25	2.45	2.60	2.70	2.90	3.20	3.35	3.75	4.05	4.40	5.50	2.90
3.00	1.40	1.60	1.65	1.80	1.95	2.05	2.20	2.25	2.50	2.65	2.75	2.95	3.30	3.40	3.85	4.15	4.50	5.65	3.00
3.20	1.45	1.60	1.70	1.85	2.05	2.10	2.30	2.35	2.55	2.75	2.90	3.05	3.40	3.55	4.00	4.35	4.75	5.95	3.20
3.40	1.45	1.65	1.75	1.90	2.05	2.15	2.40	2.45	2.65	2.85	2.95	3.20	3.55	3.70	4.20	4.55	4.95	6.25	3.40
3.60	1.50	1.65	1.75	1.95	2.10	2.20	2.45	2.50	2.75	2.95	3.10	3.30	3.75	3.85	4.35	4.75	5.20	6.55	3.60
3.80	1.50	1.70	1.85	2.00	2.15	2.30	2.50	2.55	2.85	3.05	3.20	3.40	3.85	4.00	4.55	4.95	5.40	6.85	3.80
4.00	1.50	1.75	1.85	2.05	2.20	2.35	2.55	2.65	2.95	3.15	3.30	3.55	4.00	4.15	4.75	5.15	5.65	7.15	4.00
4.20	1.55	1.75	1.90	2.05	2.30	2.40	2.65	2.70	3.00	3.25	3.40	3.65	4.15	4.30	4.90	5.35	5.85	7.45	4.20
4.40	1.55	1.80	1.95	2.10	2.35	2.50	2.75	2.80	3.10	3.35	3.50	3.80	4.30	4.45	5.10	5.55	6.10	7.75	4.40
4.60	1.60	1.85	2.00	2.15	2.40	2.50	2.80	2.90	3.20	3.40	3.65	3.90	3.45	4.60	5.25	5.75	6.30	8.05	4.60
4.80	1.60	1.85	2.05	2.20	2.45	2.55	2.90	2.95	3.30	3.55	3.75	4.00	4.60	4.75	5.45	5.95	6.55	8.35	4.80
5.00	1.60	1.90	2.05	2.25	2.50	2.65	2.95	3.00	3.40	3.65	3.85	4.15	4.75	4.90	5.65	6.15	6.75	8.65	5.00
5.20	1.60	1.95	2.05	2.30	2.55	2.70	3.00	3.10	3.45	3.75	3.95	4.30	4.90	5.05	5.80	6.35	7.00	8.95	5.20
5.40	1.60	1.95	2.10	2.35	2.60	2.75	3.10	3.15	3.55	3.85	4.05	4.35	5.05	5.20	6.00	6.55	7.20	9.25	5.40
5.60	1.65	2.00	2.15	2.40	2.65	2.85	3.15	3.25	3.60	3.95	4.20	4.50	5.20	5.35	6.15	6.75	7.45	9.55	5.60
5.80	1.65	2.05	2.20	2.45	2.70	2.90	3.25	3.35	3.70	4.05	4.30	4.65	5.30	5.50	6.35	6.95	7.65	9.85	5.80
6.00	1.65	2.05	2.20	2.50	2.75	2.95	3.30	3.40	3.85	4.15	4.35	4.75	5.45	5.65	6.55	7.15	7.90	10.15	6.00
6.20	1.65	2.05	2.25	2.50	2.85	2.95	3.40	3.45	3.90	4.25	4.45	4.85	5.65	5.80	6.70	7.35	8.10	10.45	6.20
6.40	1.70	2.10	2.30	2.60	2.85	3.00	3.45	3.55	4.00	4.35	4.60	5.00	5.75	5.95	6.90	7.55	8.35	10.75	6.40
6.60	1.75	2.10	2.35	2.65	2.95	3.10	3.55	3.60	4.10	4.45	4.75	5.10	5.85	6.10	7.05	7.75	8.55	11.05	6.60
6.80	1.75	2.20	2.40	2.70	2.95	3.15	3.60	3.70	4.20	4.55	4.80	5.20	6.05	6.25	7.25	7.95	8.80	11.35	6.80
7.00	1.75	2.20	2.40	2.75	3.00	3.20	3.65	3.75	4.30	4.65	4.90	5.35	6.15	6.40	7.45	8.15	9.00	11.65	7.00
7.20	1.75	2.20	2.45	2.80	3.10	3.30	3.75	3.85	4.35	4.75	5.05	5.45	6.30	6.55	7.60	8.35	9.25	11.95	7.20
7.40	1.80	2.30	2.50	2.85	3.10	3.40	3.85	3.90	4.45	4.85	5.15	5.55	6.50	6.70	7.80	8.55	9.45	12.25	7.40
7.60	1.85	2.30	2.50	2.90	3.20	3.40	3.85	3.95	4.55	4.90	5.25	5.70	6.60	6.85	7.95	8.75	9.70	12.55	7.60
7.80	1.85	2.35	2.55	2.95	3.20	3.45	3.90	4.05	4.65	5.05	5.35	5.80	6.75	7.00	8.15	8.95	9.90	12.85	7.80
8.00	1.85	2.40	2.55	2.95	3.30	3.55	4.00	4.15	4.75	5.15	5.45	5.95	6.90	7.15	8.35	9.15	10.15	13.15	8.00
8.20	1.85	2.40	2.60	3.00	3.35	3.55	4.10	4.20	4.80	5.20	5.55	6.10	7.00	7.30	8.50	9.35	10.35	13.45	8.20
8.40	1.90	2.45	2.65	3.05	3.40	3.65	4.20	4.30	4.90	5.35	5.65	6.15	7.15	7.45	8.70	9.55	10.60	13.75	8.40
8.60	1.95	2.50	2.65	3.10	3.45	3.70	4.25	4.35	5.00	5.45	5.75	6.30	7.35	7.60	8.85	9.75	10.80	14.05	8.60
8.80	1.95	2.50	2.75	3.15	3.50	3.75	4.30	4.40	5.10	5.55	5.90	6.40	7.45	7.75	9.05	9.95	11.05	14.35	8.80
9.00	1.95	2.50	2.75	3.20	3.55	3.85	4.35	4.50	5.20	5.65	6.00	6.55	7.60	7.90	9.25	10.15	11.25	14.65	9.00
9.20	1.95	2.55	2.80	3.25	3.65	3.85	4.45	4.60	5.25	5.75	6.10	6.65	7.75	8.05	9.40	10.35	11.50	14.95	9.20
9.40	2.00	2.55	2.85	3.30	3.65	3.90	4.50	4.70	5.35	5.85	6.20	6.80	7.90	8.20	9.60	10.55	11.70	15.25	9.40
9.60	2.05	2.60	2.85	3.35	3.65	4.00	4.60	4.75	5.45	5.95	6.30	6.90	8.00	8.35	9.75	10.75	11.95	15.55	9.60
9.80	2.05	2.65	2.95	3.40	3.70	4.05	4.70	4.80	5.55	6.05	6.40	7.00	8.15	8.50	9.95	10.95	12.15	15.85	9.80
10.00	2.05	2.65	2.95	3.45	3.85	4.10	4.80	4.85	5.65	6.25	6.55	7.15	8.35	8.65	10.15	11.15	12.40	16.15	10.00
10.20	2.05	2.70	2.95	3.50	3.85	4.15	4.85	4.90	5.70	6.35	6.65	7.25	8.45	8.80	10.30	11.35	12.60	16.45	10.20
10.40	2.05	2.75	3.00	3.55	3.90	4.20	4.90	5.00	5.80	6.45	6.75	7.40	8.60	8.95	10.50	11.55	12.85	16.75	10.40
10.60	2.10	2.75	3.00	3.60	4.00	4.25	4.95	5.10	5.90	6.55	6.85	7.50	8.75	9.10	10.65	11.75	13.05	17.05	10.60
10.80	2.10	2.75	3.05	3.65	4.05	4.30	5.00	5.20	6.00	6.60	6.95	7.60	8.85	9.25	10.85	11.95	13.30	17.35	10.80
11.00	2.10	2.85	3.10	3.65	4.10	4.35	5.10	5.25	6.10	6.75	7.05	7.75	9.05	9.40	11.05	12.15	13.50	17.65	11.00
11.20	2.10	2.85	3.15	3.65	4.15	4.40	5.20	5.35	6.15	6.85	7.15	7.90	9.20	9.55	11.20	12.35	13.75	17.95	11.20
11.40	2.15	2.90	3.20	3.70	4.20	4.45	5.25	5.40	6.25	6.95	7.25	7.95	9.30	9.70	11.40	12.55	13.95	18.25	11.40
11.60	2.20	2.95	3.20	3.75	4.30	4.50	5.30	5.45	6.35	7.00	7.35	8.10	9.45	9.85	11.55	12.75	14.20	18.55	11.60
11.80	2.20	2.95	3.25	3.80	4.30	4.55	5.35	5.55	6.45	7.10	7.45	8.25	9.60	10.00	11.75	12.95	14.40	18.85	11.80

CALIFORNIA PUBLIC ASSISTANCE PRESCRIPTION FEE SCHEDULE—Continued

COST

Liquids	1 oz.		2 oz.			3 oz.		4 oz.				6 oz.		8 oz.			12 oz.	16 oz.	Liquids
Percent of 100	6%	10%	12%	15%	18%	20%	24%	25%	30%	33%	36%	40%	48%	50%	60%	67%	75%	100%	Percent of 100
12.00	2.20	2.95	3.25	3.85	4.35	4.75	5.45	5.65	6.55	7.25	7.55	8.35	9.75	10.15	11.95	13.15	14.65	19.15	12.00
12.20	2.20	3.00	3.35	3.85	4.40	4.75	5.55	5.70	6.60	7.35	7.70	8.45	9.90	10.30	12.10	13.35	14.85	19.45	12.20
12.40	2.25	3.00	3.40	3.90	4.45	4.80	5.65	5.75	6.70	7.45	7.80	8.60	10.05	10.45	12.30	13.55	15.10	19.75	12.40
12.60	2.30	3.05	3.40	3.95	4.55	4.90	5.70	5.85	6.80	7.50	7.90	8.70	10.15	10.60	12.45	13.75	15.30	20.05	12.60
12.80	2.30	3.10	3.45	4.00	4.65	4.95	5.80	5.90	6.90	7.60	8.00	8.80	10.30	10.75	12.65	13.95	15.55	20.35	12.80
13.00	2.30	3.10	3.45	4.05	4.75	5.00	5.90	6.00	7.00	7.75	8.10	8.95	10.50	10.90	12.85	14.15	15.75	20.65	13.00
13.20	2.30	3.15	3.50	4.10	4.75	5.10	5.95	6.10	7.05	7.85	8.20	9.05	10.60	11.05	13.00	14.35	16.00	20.95	13.20
13.40	2.35	3.20	3.55	4.15	4.75	5.15	6.00	6.15	7.15	7.90	8.35	9.20	10.75	11.20	13.20	14.55	16.20	21.25	13.40
13.60	2.40	3.20	3.55	4.20	4.80	5.20	6.05	6.20	7.25	8.00	8.40	9.30	10.90	11.35	13.35	14.75	16.45	21.55	13.60
13.80	2.40	3.25	3.65	4.25	4.80	5.25	6.10	6.30	7.35	8.05	8.50	9.40	11.05	11.50	13.55	14.95	16.65	21.85	13.80
14.00	2.40	3.30	3.65	4.30	4.90	5.25	6.15	6.40	7.45	8.15	8.65	9.55	11.20	11.65	13.75	15.15	16.90	22.15	14.00
14.20	2.40	3.30	3.70	4.30	5.00	5.35	6.25	6.45	7.50	8.25	8.80	9.70	11.35	11.80	13.90	15.35	17.10	22.45	14.20
14.40	2.45	3.35	3.75	4.35	5.00	5.45	6.35	6.55	7.60	8.35	8.85	9.75	11.50	11.95	14.10	15.55	17.35	22.75	14.40
14.60	2.50	3.40	3.75	4.40	5.10	5.50	6.40	6.60	7.70	8.40	8.95	9.90	11.65	12.10	14.25	15.75	17.55	23.05	14.60
14.80	2.50	3.40	3.85	4.45	5.15	5.60	6.45	6.70	7.80	8.55	9.05	10.05	11.80	12.25	14.45	15.90	17.80	23.35	14.80
15.00	2.50	3.45	3.85	4.50	5.20	5.60	6.55	6.75	7.90	8.65	9.15	10.15	11.95	12.40	14.65	16.15	18.00	23.65	15.00
15.20	2.50	3.45	3.85	4.55	5.25	5.65	6.60	6.85	7.95	8.75	9.25	10.25	12.05	12.55	14.80	16.35	18.25	23.95	15.20
15.40	2.50	3.45	3.90	4.60	5.25	5.70	6.70	6.90	8.05	8.85	9.35	10.40	12.20	12.70	15.00	16.55	18.45	24.25	15.40
15.60	2.55	3.50	3.90	3.65	5.35	5.80	6.75	7.00	8.15	8.95	9.50	10.50	12.35	12.85	15.15	16.75	18.70	24.55	15.60
15.80	2.55	3.55	4.00	4.70	5.40	5.85	6.80	7.05	8.25	9.05	9.60	10.60	12.45	13.00	15.35	16.95	18.90	24.85	15.80
16.00	2.55	3.55	4.00	4.75	5.45	5.90	6.90	7.15	8.35	9.15	9.70	10.75	12.65	13.15	15.55	17.15	19.15	25.15	16.00
16.20	2.55	3.60	4.05	4.75	5.55	5.95	7.00	7.20	8.40	9.25	9.80	10.85	12.80	13.30	15.70	17.35	19.35	25.45	16.20
16.40	2.60	3.65	4.10	4.80	5.55	6.00	7.05	7.25	8.50	9.35	9.90	11.00	12.90	13.45	15.90	17.55	19.60	25.75	16.40
15.60	2.65	3.65	4.10	4.85	5.65	6.10	7.10	7.35	8.60	9.45	10.00	11.10	13.05	13.60	16.05	17.75	19.80	26.05	16.60
16.80	2.65	3.70	4.20	4.90	5.65	6.15	7.15	7.45	8.70	9.55	10.15	11.20	13.20	13.75	16.25	17.95	20.05	26.35	16.80
17.00	2.65	3.75	4.20	4.95	5.70	6.15	7.25	7.45	8.80	9.65	10.20	11.35	13.35	13.90	16.45	18.15	20.25	26.65	17.00
17.20	2.65	3.75	4.25	5.00	5.80	6.25	7.35	7.55	8.85	9.70	10.35	11.50	13.50	14.05	16.60	18.35	20.50	26.95	17.20
17.40	2.70	3.85	4.30	5.05	5.80	6.30	7.45	7.65	8.95	9.85	10.55	11.55	13.65	14.20	16.80	18.55	20.70	27.25	17.40
17.60	2.75	3.85	4.30	5.10	5.90	6.35	7.45	7.70	9.05	9.95	10.60	11.70	13.75	14.35	16.95	18.75	20.95	27.55	17.60
17.80	2.75	3.85	4.35	5.15	5.95	6.45	7.50	7.80	9.15	10.05	10.75	11.85	13.90	14.50	17.15	18.95	21.15	27.85	17.80
18.00	2.75	3.85	4.35	5.20	6.00	6.55	7.60	7.90	9.25	10.15	10.85	11.95	14.10	14.65	17.35	19.15	21.40	28.15	18.00
18.20	2.75	3.90	4.40	5.20	6.10	6.55	7.70	7.95	9.30	10.20	10.95	12.05	14.20	14.80	17.50	19.35	21.60	28.45	18.20
18.40	2.75	3.90	4.45	5.25	6.10	6.60	7.80	7.95	9.40	10.35	11.05	12.20	14.35	14.95	17.70	19.55	21.85	28.75	18.40
18.60	2.80	4.00	4.45	5.30	6.15	6.65	7.80	8.10	9.50	10.45	11.15	12.30	14.50	15.10	17.85	19.75	22.05	29.05	18.60
18.80	2.85	4.00	4.55	5.35	6.20	6.70	7.90	8.20	9.60	10.55	11.30	12.40	14.65	15.25	18.05	19.95	22.30	29.35	18.80
19.00	2.85	4.05	4.55	5.40	6.25	6.80	7.95	8.30	9.70	10.60	11.40	12.55	14.80	15.40	18.25	20.15	22.50	29.65	19.00
19.20	2.85	4.10	4.60	5.45	6.35	6.80	8.05	8.35	9.75	10.70	11.50	12.65	14.95	15.55	18.40	20.35	22.75	29.95	19.20
19.40	2.90	4.10	4.65	5.50	6.35	6.90	8.15	8.40	9.85	10.85	11.60	12.80	15.10	15.70	18.60	20.55	22.95	30.25	19.40
19.60	2.95	4.10	4.65	5.55	6.45	7.00	8.20	8.50	9.95	10.95	11.70	12.90	15.20	15.85	18.75	20.75	23.20	30.55	19.60
19.80	2.95	4.20	4.75	5.60	6.50	7.05	8.25	8.55	10.05	11.05	11.80	13.00	15.35	16.00	18.95	20.95	23.40	30.85	19.80
20.00	2.95	4.20	4.75	5.65	6.55	7.05	8.35	8.60	10.15	11.10	11.95	13.15	15.55	16.15	19.15	21.15	23.65	31.15	20.00
20.20	2.95	4.25	4.75	5.65	6.60	7.15	8.40	8.70	10.20	11.20	12.00	13.30	15.65	16.30	19.30	21.35	23.85	31.45	20.20
20.40	2.95	4.30	4.80	5.70	6.60	7.20	8.50	8.80	10.30	11.30	12.10	13.35	15.80	16.45	19.50	21.55	24.10	31.75	20.40
20.60	3.00	4.30	4.80	5.75	6.70	7.25	8.60	8.85	10.40	11.40	12.25	13.50	15.95	16.60	19.65	21.75	24.30	32.05	20.60
20.80	3.00	4.30	4.90	5.80	6.75	7.35	8.70	8.90	10.50	11.50	12.35	13.65	16.05	16.75	19.85	21.95	24.55	32.35	20.80
21.00	3.00	4.35	4.90	5.85	6.80	7.40	8.75	9.00	10.60	11.60	12.45	13.75	16.25	16.90	20.05	22.15	24.75	32.65	21.00
21.20	3.00	4.35	4.95	5.90	6.90	7.45	8.80	8.05	10.65	11.70	12.55	13.85	16.40	17.05	20.20	22.35	25.00	32.95	21.20
21.40	3.05	4.40	5.00	5.95	6.90	7.50	8.85	9.15	10.75	11.80	12.65	14.00	16.50	17.20	20.40	22.55	25.20	33.25	21.40
21.60	3.10	4.45	5.00	6.00	7.00	7.55	8.90	9.25	10.85	11.95	12.75	14.10	16.65	17.35	20.55	22.75	25.45	33.55	21.60
21.80	3.10	4.45	5.10	6.05	7.00	7.60	8.95	9.30	10.95	12.00	12.85	14.20	16.80	16.80	20.75	22.95	25.65	33.85	21.80
22.00	3.10	4.50	5.10	6.10	7.05	7.70	9.05	9.35	11.05	12.10	12.95	14.35	16.95	17.65	20.95	23.15	25.90	34.15	22.00
22.20	3.10	4.55	5.15	6.10	7.15	7.75	9.15	9.45	11.10	12.20	13.10	14.45	17.10	17.80	21.10	23.35	26.10	34.45	22.20
22.40	3.15	4.55	5.20	6.15	7.15	7.80	9.25	9.55	11.20	12.30	13.20	14.60	17.25	17.95	21.30	23.55	26.35	34.75	22.40
22.60	3.20	4.60	5.20	6.20	7.25	7.90	9.25	9.65	11.30	12.40	13.30	14.70	17.35	18.10	21.45	23.75	26.55	35.05	22.60
22.80	3.20	4.65	5.25	6.25	7.30	7.90	9.35	9.70	11.40	12.50	13.40	14.80	17.50	18.25	21.65	23.95	26.80	35.35	22.80
23.00	3.20	4.65	5.25	6.30	7.35	7.95	9.40	9.75	11.45	12.60	13.50	14.95	17.70	18.40	21.85	24.15	27.00	35.65	23.00
23.20	3.20	4.70	5.30	6.35	7.45	8.05	9.50	9.85	11.55	12.70	13.60	15.10	17.80	18.55	22.00	24.35	27.25	35.95	23.20
23.40	3.25	4.75	5.35	6.40	7.50	8.10	9.60	9.90	11.65	12.85	13.75	15.15	17.95	18.70	22.20	24.55	27.45	36.25	23.40
23.60	3.30	4.75	5.40	6.45	7.50	8.15	9.65	9.95	11.75	12.90	13.80	15.30	18.10	18.85	22.35	24.75	27.70	36.55	23.60
23.80	3.30	4.75	5.45	6.50	7.55	8.25	9.70	10.05	11.85	13.00	13.90	15.45	18.25	19.00	22.55	24.95	27.90	36.85	23.80
24.00	3.30	4.80	5.45	6.55	7.60	8.25	9.75	10.15	11.95	13.10	14.10	15.55	18.40	19.15	22.75	25.15	28.15	37.15	24.00
24.20	3.30	4.80	5.50	6.60	7.65	8.35	9.85	10.15	12.00	13.20	14.20	15.65	18.55	19.30	22.90	25.35	28.35	37.45	24.20
24.40	3.35	4.85	5.55	6.60	7.70	8.35	9.90	10.25	12.10	13.30	14.30	15.80	18.70	19.45	23.10	25.55	28.60	37.75	24.40
24.60	3.40	4.90	5.55	6.65	7.80	8.40	10.00	10.35	12.20	13.35	14.40	15.90	18.85	19.60	23.25	25.75	28.80	38.05	24.60
24.80	3.40	4.90	5.60	6.70	7.85	8.50	10.05	10.45	12.30	13.50	14.55	16.00	19.00	19.75	23.45	25.95	29.00	38.35	24.80
25.00	3.40	4.95	5.65	6.75	7.90	8.60	10.15	10.50	12.40	13.60	14.65	16.15	19.15	19.90	23.65	26.15	29.25	38.65	25.00
25.40	3.40	5.00	5.70	6.85	7.95	8.75	10.25	10.65	12.55	13.80	14.85	16.40	19.40	20.20	24.00	26.55	29.70	39.25	25.40
25.80	3.45	5.10	5.75	6.95	8.10	8.80	10.40	10.80	12.75	14.00	15.10	16.60	19.70	20.50	24.35	26.95	30.15	39.85	25.80
26.20	3.45	5.15	5.85	7.00	8.20	8.90	10.60	10.95	12.90	14.20	15.25	16.90	20.00	20.80	24.70	27.35	30.60	40.45	26.20
26.60	3.50	5.20	5.95	7.10	8.35	9.05	10.70	11.10	13.10	14.35	15.50	17.10	20.30	21.10	25.05	27.75	31.05	41.05	26.60

CALIFORNIA PUBLIC ASSISTANCE PRESCRIPTION FEE SCHEDULE—Continued

COST COST

Liquids	1 oz.		2 oz.			3 oz.		4 oz.				6 oz.		8 oz.			12 oz.	16 oz.	Liquids
Percent of 100	6%	10%	12%	15%	18%	20%	24%	25%	30%	33%	36%	40%	48%	50%	60%	67%	75%	100%	Percent of 100
27.00	3.55	5.25	6.00	7.20	8.40	9.15	10.85	11.25	13.30	14.60	15.70	17.35	20.55	21.40	25.45	28.15	31.50	41.65	27.00
27.40	3.60	5.30	6.10	7.30	8.55	9.25	11.05	11.40	13.45	14.80	16.00	17.60	20.85	21.70	25.80	28.55	31.95	42.25	27.40
27.80	3.65	5.35	6.15	7.40	8.65	9.40	11.10	11.55	13.65	15.00	16.15	17.80	21.15	22.00	26.15	28.95	32.40	42.85	27.80
28.20	3.65	5.45	6.20	7.50	8.75	9.50	11.30	11.70	13.80	15.15	16.35	18.05	21.40	22.30	26.50	29.35	32.85	43.45	28.20
28.60	3.75	5.55	6.30	7.55	8.85	9.65	11.45	11.85	14.00	15.40	16.55	18.30	21.75	22.60	26.85	29.75	33.30	44.05	28.60
29.00	3.75	5.60	6.35	7.65	8.95	9.75	11.55	12.00	14.20	15.60	16.80	18.55	22.00	22.90	27.25	30.15	33.75	44.65	29.00
29.40	3.80	5.65	6.45	7.75	9.05	9.85	11.75	12.15	14.35	15.75	17.00	18.75	22.30	23.20	27.60	30.55	34.20	45.25	29.40
29.80	3.80	5.70	6.55	7.85	9.20	10.00	11.85	12.30	14.55	16.00	17.25	19.05	22.60	23.50	27.95	30.95	34.65	45.85	29.80
30.20	3.80	5.75	6.60	7.90	9.30	10.15	12.00	12.45	14.70	16.15	17.40	19.25	22.85	23.80	28.30	31.35	35.10	46.45	30.20
30.60	3.90	5.80	6.65	8.00	9.40	10.20	12.15	12.60	15.00	16.40	17.65	19.50	23.20	24.10	28.65	31.75	35.55	47.05	30.60
31.00	3.90	5.90	6.70	8.10	9.50	10.35	12.30	12.75	15.10	16.55	17.85	19.75	23.45	24.40	29.05	32.15	36.00	47.65	31.00
31.40	3.95	5.95	6.80	8.20	9.60	10.45	12.45	12.90	15.25	16.80	18.05	20.00	23.70	24.70	29.40	32.55	36.45	48.25	31.40
31.80	4.00	5.60	6.85	8.30	9.70	10.60	12.55	13.05	15.45	16.95	18.30	20.20	24.05	25.00	29.75	32.95	36.90	48.85	31.80
32.20	4.00	6.10	6.95	8.35	9.80	10.70	12.75	13.20	15.60	17.15	18.50	20.50	24.30	25.30	30.10	33.35	37.35	49.45	32.20
32.60	4.10	6.10	7.00	8.45	9.95	10.80	12.85	13.35	15.80	17.35	18.70	20.70	24.60	25.60	30.45	33.75	37.80	50.05	32.60
33.00	4.10	6.20	7.10	8.55	10.00	10.95	13.00	13.50	16.00	17.55	18.95	20.95	24.90	25.90	30.85	34.15	38.25	50.65	33.00
33.40	4.15	6.20	7.15	8.65	10.15	11.05	13.20	13.65	16.15	17.80	19.20	21.20	25.15	26.20	31.20	34.55	38.70	51.25	33.40
33.80	4.20	6.30	7.20	8.75	10.25	11.20	13.30	13.80	16.35	17.95	19.40	21.40	25.45	26.50	31.55	34.95	39.15	51.85	33.80
34.20	4.30	6.35	7.30	8.80	10.35	11.30	13.45	13.95	16.50	18.25	19.60	21.65	25.75	26.80	31.90	35.35	39.60	52.45	34.20
34.60	4.30	6.40	7.35	8.90	10.50	11.40	13.60	14.10	16.70	18.45	19.80	21.90	26.05	27.10	32.25	35.75	40.05	53.05	34.60
35.00	4.30	6.40	7.45	9.00	10.60	11.55	13.75	14.25	16.90	18.65	20.05	22.15	26.35	27.40	32.65	36.15	40.50	53.65	35.00
35.40	4.30	6.45	7.50	9.10	10.70	11.75	13.90	14.40	17.05	18.85	20.30	22.35	26.70	27.70	33.00	36.55	40.95	54.25	35.40
35.80	4.35	6.55	7.60	9.20	10.80	11.95	14.05	14.55	17.25	19.05	20.50	22.65	26.90	28.00	33.35	36.95	41.40	54.85	35.80
36.20	4.40	6.55	7.65	9.25	10.95	12.00	14.20	14.70	17.40	19.25	20.70	22.85	27.25	28.30	33.70	37.35	41.85	55.45	36.20
36.60	4.45	6.60	7.75	9.35	11.05	12.10	14.30	14.85	17.60	19.45	20.95	23.10	27.50	28.60	34.05	37.75	42.30	56.05	36.60
37.00	4.45	6.70	7.80	9.45	11.10	12.30	14.45	15.00	17.80	19.60	21.10	23.35	27.75	28.90	34.45	38.15	42.75	56.65	37.00
37.40	4.50	6.75	7.90	9.55	11.25	12.40	14.65	15.15	17.95	19.85	21.35	23.60	28.10	29.20	34.80	38.55	43.20	57.25	37.40
37.80	4.55	6.80	7.95	9.65	11.35	12.45	14.75	15.30	18.15	20.05	21.55	23.80	28.35	29.50	35.15	38.95	43.65	57.85	37.80
38.20	4.60	6.90	8.00	9.70	11.50	12.60	14.90	15.45	18.30	20.20	21.80	24.10	28.65	29.80	35.50	39.35	44.10	58.45	38.20
38.60	4.65	6.95	8.10	9.80	11.55	12.75	15.05	15.60	18.50	20.45	22.00	24.30	28.95	30.10	35.85	39.75	44.55	59.05	38.60
39.00	4.65	7.00	8.15	9.90	11.65	12.85	15.15	15.75	18.70	20.60	22.20	24.55	29.20	30.40	36.25	40.15	45.00	59.65	39.00
39.40	4.70	7.05	8.25	10.00	11.80	12.95	15.35	15.90	18.85	20.85	22.40	24.80	29.50	30.70	36.60	40.55	45.45	60.25	39.40
39.80	4.75	7.10	8.35	10.10	11.90	13.10	15.50	16.05	19.05	21.00	22.65	25.00	29.80	31.00	36.95	40.95	45.90	60.85	39.80
40.20	4.75	7.15	8.35	10.15	12.00	13.20	15.60	16.20	19.20	21.25	22.85	25.25	30.10	31.30	37.30	41.35	46.35	61.45	40.20
40.60	4.80	7.25	8.45	10.25	12.10	13.30	15.75	16.35	19.40	21.40	23.10	25.50	30.40	31.60	37.65	41.75	46.80	62.05	40.60
41.00	4.80	7.30	8.50	10.35	12.20	13.45	15.90	16.50	19.60	21.65	23.25	25.80	30.65	31.90	38.05	42.15	47.25	62.65	41.00

COMPOUNDING SCHEDULE

Professional Fees for Compounded Prescriptions Based on a Cost of $5.75 Per Hour.
(These Fees Cover Time Element Only)

Notes: (A) Two or more ingredients in a prescription constitute compounding.

(B) To the time-cost schedule add cost of ingredients and container plus 80 percent.

(C) For internal liquids the selling price shall not be less than the proprietary schedule shows at a cost per pint of $2. (4 oz. $1.90), (6 oz. $2.35), (8 oz. $2.65), etc.

CAPSULES AND PAPERS

6	$1.30	30	$2.50
12	1.45	36	2.80
15	1.70	40	3.00
18	1.85	50	3.55
20	1.95	60	4.10
24	2.10	100	5.60

OINTMENTS

min.	$1.35	4 oz.	$2.10
2 oz.	1.75	6 oz.	2.40
3 oz.	1.90	8 oz.	2.70
16 oz.	$3.85		

SUPPOSITORIES

min	$2.10	36	$3.70
18	2.50	50	4.80
24	2.90	100	8.25

NOSE AND EAR DROPS—SPRAYS

½ oz.	$1.15	2 oz.	$1.30
1 oz.	1.20	4 oz.	1.35

COLLYRIA

min.	$1.30	3 oz.	$1.30
4 oz.	$1.50		

EMULSIONS

min.	$1.35	12 oz.	$2.25
6 oz.	1.70	16 oz.	2.40
8 oz.	1.80	32 oz.	2.70

POWDER—BULK BY VOLUME

2 oz.	$1.15	8 oz.	$1.70
4 oz.	1.35	12 oz.	2.10
6 oz.	1.55	16 oz.	2.55
32 oz.	$4.10		

LIQUIDS—See Note C

INTERNAL-EXTERNAL

min.	$1.00	8 oz.	$1.30
4 oz.	1.15	12 oz.	1.35
6 oz.	1.20	16 oz.	1.75
32 oz.	$2.10		

Methods of computing prices:

(a) Cost of material is to be based on standard wholesale cost, not on direct discount prices.

(b) The minimum price for any prescription shall be not less than $1.20.

(c) No internal liquid proprietary product shall be considered to cost less than ~~$2.05~~ $2.40 per 16 oz. 4 oz. liq. ℞ $1.90).

Medical Supplies

Medical supplies may be furnished if prescribed on form MC-165. These supplies are limited to:

1. Syringe and two (2) needles.
2. Two (2) hypodermic needles.
3. Atomizer.
4. Nebulizer.
5. Hot water bottle.
6. Fountain syringe.
7. Combination hot water bottle and fountain syringe.
8. Ice bag.
9. Ice cap.
10. Urinal.
11. Bed pan.
12. Enema can.
13. Feeding tube.
14. Ear and ulcer syringe.
15. Urethral catheter.
16. Gauze bandages.
17. Sterile pads.
18. Adhesive tape.
19. Sterile absorbent cotton.

The maximum allowance for medical supplies shall not exceed retail price less 10 percent unless the item prescribed or dispensed is fair traded in which event the fair trade price shall prevail. If the item is not prescribed by brand name, the pharmacist shall dispense a non-fair traded item if of a lower price

MC-047	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations

MC-047 NURSING SERVICES MC-047

1.	Visit by nurse from Visiting Nurse Association at (as determined in most recent report by Certified Public Accountant) the allowance not to exceed	actual cost $4.50
2.	Visit by private nurse	4.50

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-MC

These Regulations are designated to become effective OCT 1 '57

MC-048 PHYSICAL THERAPY MC-048

	Office	Home
1. One modality: Infra red; ultraviolet; whirlpool; contrast baths; paraffin baths; hot fomentations; local massage; local exercise — Per visit	$3.50	$6.00
2. One modality: Short or long wave diathermy; microtherm; galvanism; sinusoidal; ionization; ultrasound — Per visit	4.00	6.00
3. Electrical muscle test: or any combination of treatment from 1 or 2 above to one extremity or back — Per visit	4.50	7.00
4. General massage; general exercise, postural or corrective; general underwater exercise (Hubbard tank or pool); general manual muscle re-education; any combination of treatment from 1 or 2 above to two or more extremities — Per visit	5.00	8.00

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 '57

41998 8-56 30M SPO

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

October 1, 1957

DEPARTMENT BULLETIN NO. 549 (STAT) (REVISED)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Monthly Sample Procedure in Medical Care Program

Because the Medical Care Program is new and there is no prior experience applicable to conditions in this state, it will be necessary to supplement the monthly statistical reports with certain detailed information on the types of medical care purchased under the program. This information will enable the department and the counties to anticipate and make any necessary adjustments in program coverage to keep expenditures within the limits of the Medical Care fund.

Counties without CPS Contracts:

For this purpose all counties not parties to the CPS contract shall submit each month copies of Dental Care Statement (MC 162), Medical Care Statement (MC 163), and Spiritual Healers Medical Care Statement (MC 16) on specified sample cases in accordance with "Instructions for Monthly Sample Procedure in Medical Care Program."

Counties with CPS Contracts:

Counties which are parties to the CPS contract will submit copies of the above numbered dental and medical care statements only for specified sample cases who receive the following:

1. Chiropractors' services
2. Spiritual healers' services
3. Services in public clinics.

CPS has agreed to provide the SDSW with IBM cards for statements which they (CPS) process, whether they are paid from the Medical Care fund or by supplemental aid payments.

DO NOT WRITE IN THIS SPACE

41998 8-56 20M SPO

Questions regarding these reports should be directed to the Bureau of Research and Statistics, State Department of Social Welfare, Sacramento.

Completed statements shall be sent to the Bureau of Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by the 15th of the month following payment.

Very truly yours,

George K. Wyman

George K. Wyman
Director

Attachment

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

DO NOT WRITE IN THIS SPACE

Instructions for Monthly Sample Procedure in Medical Care Program

Purpose: The enactment of a medical care program provides badly needed medical care to many recipients, but at the same time imposes many problems for the State Department of Social Welfare and for county welfare departments. The incidence of various types of medical care needs of recipients and the costs of these items are unknown quantities at this time.

In order to obtain factual material on the basis of which reasonable adjustments in program content can be made to keep expenditures within the financial resources of the fund, a monthly reporting of certain detail on medical care on a sample basis is necessary.

Period of Study: The department will reduce or eliminate these reporting requirements as rapidly as circumstances permit.

Content and Coverage: The data to be reported are contained in:

MC-16 Spiritual Healers Medical Care Statement
MC-162 Dental Care Statement
MC-163 Medical Care Statement

Copies of these statements paid during the month from the Medical Fund or through supplemental aid payments shall be submitted on sample cases with case number endings specified below. (Counties having appropriate facilities may wish to make photostatic copies for this purpose.)

Exceptions: See Department Bulletin No. 549 (revised) for special instructions for counties which are parties to the CPS contract.

Month of Payment	Case Number Endings		
	OAS	ANB	ANC
October	00 & 22	0	0
November	11 & 33	1	1
December	22 & 44	2	2
January	33 & 55	3	3
February	44 & 66	4	4
March	55 & 77	5	5
April	66 & 88	6	6
May	77 & 99	7	7
June	88 & 00	8	8

Note that a different group of cases will be reported on each month. This will permit the accumulation of an adequate sample over a period of months, and also make available for each month sufficient detailed information to show how the program is developing.

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103.1

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

October 1, 1957

DEPARTMENT BULLETIN NO. 551 (MC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Incapacitated Parents of Children Receiving Aid to Needy Children

Section MC-032 of the Medical Care Manual provides that all services given to incapacitated parents must have prior authorization. For those counties who are parties to the state's contract with the California Physicians' Service, CPS will audit bills to determine if required prior authorizations have been issued. This presents no problem in cases where the type of medical care determines the need for a prior authorization. Since all types of medical care given to incapacitated parents must have prior authorization, CPS must be aware of the state case numbers and names of the individuals for whom prior authorization is always required.

All counties who are parties to the CPS agreement shall provide CPS with a list of the case numbers and names of those Aid to Needy Children parents whose incapacity is the cause of the child(ren)'s eligibility to Aid to Needy Children.

The list shall be in numerical order as of October 1, 1957. Additions to or deletions from the list shall be communicated to CPS on a flow basis.

A few incapacitated parents may also be recipients of Aid to the Disabled; this does not affect their eligibility to medical care and their names should be included in the list.

Counties with tabulating equipment may provide CPS with punched cards showing the same information if they so desire. The information should be in possession of the California Physicians' Service by October 10, 1957.

Very truly yours,

George K. Wyman

George K. Wyman
Director

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATI ; W&IC 115, 115
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

October 2, 1957

DEPARTMENT BULLETIN NO. 552 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Statistical Reporting Instructions for Counties Which Are Parties to the CPS Contract

California Physicians' Service has agreed to provide monthly statistical reports on medical care (Forms AG 260, BL 260, CA 260-FG and CA 260-BHI), required by Chapter 4 of the Statistical Manual, for each county which is a party to the CPS contract. CPS will submit copies of each report to the Bureau of Research and Statistics, SDSW, and will also forward a copy to the individual county welfare department. These reports will cover all expenditures, case counts, and other required counts, whether the service is paid through CPS from the Medical Care Fund or paid by the county through supplemental aid payments, except the following:

1. Expenditures and other statistical counts for:

   a. Public clinics

   b. Chiropractors

   c. Spiritual healers

2. Requests authorized for "complete" dental care of children aged five through 12 years (Item 11, Form CA 260-FG, and CA 260-BHI).

Counties which are parties to the CPS contract, therefore, will submit a monthly statistical report only on those types of medical services which are not channeled through CPS: i.e., on public clinics, chiropractors, spiritual healers and requests for "complete" dental care which were authorized during the month.

Very truly yours,

George K. Wyman

George K. Wyman
Director

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41998 8-56 30M SPO

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14
October 2, 1957

DEPARTMENT BULLETIN NO.553 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Study of Grants Over $89

The provision by the legislature of funds up to $16 for recipients who have needs but have outside income less than $16 will do much to eliminate an inequity that has existed heretofore in California's Old Age Security program. It is important for the department and the counties to have early information on the extent to which this resource is being utilized and the cost of the change.

To provide necessary minimum information, all counties shall provide the State Department of Social Welfare with the following:

1. A summary report showing the initial experience with this additional resource, prepared in accordance with "Instructions for Summary Report on October 1 Grants in Excess of $89."

2. Reports on sample cases showing the number of grants in excess of $89 for November (taking into account supplemental payments in November and December for November) prepared in accordance with "Instructions for Completion of Form Temp ____, Study of Grants in Excess of $89 for November."

Questions regarding these reports should be directed to the Bureau of Research and Statistics, State Department of Social Welfare, Sacramento.

The "Summary Report on October 1 Grants in Excess of $89" shall be submitted by October 15, 1957.

Form(s) Temp ____, Study of Grants in Excess of $89 for November, shall be submitted by December 31, 1957.

Both the summary report and Form(s) Temp ____ shall be sent to the Bureau of Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

Very truly yours,

George K. Wyman

George K. Wyman
Director

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41998 8-56 30M SPO

DO NOT WRITE IN THIS SPACE

OLD AGE SECURITY

Instructions for Summary Report on October 1 Grants in Excess of $89

Purpose: Legislation effective October 1 provides up to $16 additional for OAS recipients who have needs in excess of $89 and who either have no income or have outside income less than $16. In order to determine the extent to which recipients initially benefited (October 1) from this provision, a summary report shall be made by all counties.

Period of Report: The summary report shall be made from the main payroll for October 1, 1957.

Content and Coverage: Report the summary information in the following format.

1. Number of recipients with grants exceeding $89 on October 1, 1957. _____

2. Total dollar amount of grants which exceed $89. $_____

3. Total number of recipients in caseload

   a. Who have no outside income. _____

   b. Whose outside income (including value of occupancy) is less than $16. _____

With respect to Item 3, many counties will have this information readily available for a recent month on control cards or in other ways. If the information is not already available, it may be compiled and reported either on a total caseload basis or on a sample basis.

Agencies using a sample will use the following procedure:

1. Identify on the October main payroll all cases having case number endings specified in the Sampling Schedule for Form Temp_____. (Note that these vary according to size of caseload.)

2. Report the numbers of cases in this sample which have:

   a. No outside income

   b. Outside income less than $16

   c. Outside income of $16 or more.

3. Identify data secured in this way as "Sample."

Transmittal Procedure: Send the summary report to the Bureau of Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by October 15, 1957.

41998 8-56 30M SPO

Instructions for Completion of Form Temp_____,
Study of Grants in Excess of $89 for November

Purpose: This is a followup study on the incidence and utilization of grants in excess of $89 provided by 1957 legislation for OAS recipients having no outside income or outside income less than $16.

In order to determine how many recipients received additional benefits and to meet what needs, counties shall complete Form Temp_____ on sample cases as specified in the attached Sampling Schedule.

Period of Study and Content: Information shall be provided on all sample cases receiving grants for November 1957 in excess of $89.

General Instructions for Form Temp_____: Enter requested information on all cases with specified case number endings having no outside income or outside income of less than $16.00, which received grants in excess of $89 for November 1957, taking into account supplemental payments in November and December for November. (Because of the need for an early deadline, supplementals issued after December 24, 1957, will not be included.)

Case Number: Enter case number.

Amounts of Grant for November: Enter amounts when applicable.

Enter in Column 3 amount of grant received on November 1, 1957.

Enter in Column 4 amount of supplemental warrant if written in November for November.

Enter in Column 5 amount of supplemental warrant if written in December for November.

Amounts of Special Needs for November: Enter amounts in all applicable columns.

Enter in Column 6 total amount of special need allowance for physician's services

Enter in Column 7 total amount of special need allowance for other medical care.

Enter in Column 8 total amount of allowance for nonmedical special needs.

Amount of Outside Income: If recipient has outside income (including value of occupancy) enter the amount of such income.

Transmittal Procedure: Send completed Form(s) Temp_____ to the Bureau of Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by December 31, 1957.

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SAMPLING SCHEDULE FOR
STUDY OF GRANTS IN EXCESS OF $89 FOR
NOVEMBER, FORM TEMP _____

COUNTIES	CASE NUMBER ENDINGS FOR SAMPLE SELECTION
Area I	
Imperial	1, 2
Inyo	All cases
Kern	11,22,33,44,55,66,77,88
Los Angeles	11
Mono	All cases
Orange	11,22,33,44,55,66,77
Riverside	11,22,33,44,55,66
San Bernardino	11, 22, 33, 44
San Diego	11, 22, 33, 44
San Luis Obispo	1
Santa Barbara	1
Ventura	1
Area II	
Alameda	11, 22, 33
Contra Costa	11, 22, 33, 44, 55
Del Norte	All cases
Humboldt	1, 22, 33
Lake	1, 2, 3
Marin	1, 2
Mendocino	1, 2
Monterey	1
Napa	1, 2
San Benito	All cases
San Francisco	11, 22, 33
San Mateo	11, 22, 33, 44, 55
Santa Clara	11,22,33,44,55,66
Santa Cruz	1
Solano	1, 2
Sonoma	11, 22, 33, 44, 55
Area III	
Alpine	All cases
Amador	All cases
Butte	11,22,33,44,55,66
Calaveras	1, 2, 3, 4, 5
Colusa	1, 2, 3, 4, 5
El Dorado	1, 2, 3
Fresno	11, 22, 33, 44, 55
Glenn	1, 2, 3, 4, 5
Kings	1, 2
Lassen	All cases
Madera	1, 2
Mariposa	All cases
Merced	1, 22, 33
Modoc	All cases
Nevada	1, 2
Placer	1, 2
Plumas	All cases

COUNTIES	CASE NUMBER ENDINGS FOR SAMPLE SELECTION
Sacramento	11, 22, 33, 44, 55
San Joaquin	11,22,33,44,55,66,77,88
Shasta	1, 2
Sierra	All cases
Siskiyou	1, 2, 3
Stanislaus	11, 22, 33, 44
Sutter	1, 2, 3
Tehama	1, 2, 3
Trinity	All cases
Tulare	11, 22, 33, 44
Tuolumne	1, 2, 3, 4
Yolo	1, 2
Yuba	1, 2, 3

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FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

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OLD AGE SECURITY

Study of Grants in Excess of $89 for November

County _____

Case Number (1)	Amount of Grant for November			Amount of Special Need Allowances for November			Amount of Outside Income (8)
	Paid November 1 (2)	Supplemental Payment in November (3)	Supplemental Payment in December (4)	Medical: Physician (5)	Medical: Other (6)	Nonmedical (7)	
	$	$	$	$	$	$	$

Completed By _____ Date _____

Form _____

41998 8-56 30M SPO

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 119.5, 119.6

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

October 3, 1957

DEPARTMENT BULLETIN NO. 554 (MERIT SYSTEM)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS
COUNTY CLERKS

(Excluding Alameda, Contra Costa, Fresno, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma, and Ventura counties)

Subject: Establishment and Revision of New Merit System Classes

Attached are copies of the class specifications showing (a) revisions for two existing classes (Chief Account Clerk and Chief Fiscal Supervisor); and (b) three new classes (Administrative Service Officer I and II, and Employment Officer).

1. Chief Account Clerk and Chief Fiscal Supervisor

These revisions are necessary because of the establishment of the new classes of Administrative Service Officer I and II and to make the specifications for the Chief Account Clerk and Chief Fiscal Supervisor more consistent with those for other classes within the series. No substantial changes have been made in the definitions or under typical tasks. No changes have been made in the minimum qualifications.

2. Administrative Service Officer I and II

The purpose of these two new classes is to meet operational and administrative needs of the larger counties. In some instances, the expansion of existing and new programs have created a need for the performance of duties and the assumption of responsibilities beyond those which would be required in either the Chief Account Clerk or the Chief Fiscal Supervisor classes. It is believed these new classes will allow the larger counties to attract and appoint well-qualified personnel capable of performing difficult nonsocial service administrative work.

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41998 8-56 30M SPO

3. Employment Officer

This new class is established to provide counties with a class of position (separate from the social work series) to perform job placement, job counseling; and job finding. The establishment of this new class will permit counties to attract persons qualified to perform these duties and to act as consultant to the social work staff in county welfare departments. The adoption of this new class will not directly affect persons in any existing class.

The revisions of the two classes (Chief Account Clerk and Chief Fiscal Supervisor) will go into effect on November 1, 1957. The three new classes (Administrative Service Officer I and II, and Employment Officer) will also go into effect on November 1, 1957.

Please insert these new class specifications in your copy of the classification plan for county welfare departments. Additional copies of these specifications will be sent upon request.

Very truly yours,

George K. Wyman

George K. Wyman
Director

Attachments

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

California County
Merit System
Class Specification

Effective: 11/1/57
Previous Rev: 8/24/50
Title Changes: 8/24/50
Established: 3/21/41

CHIEF ACCOUNT CLERK

Definition:

Under general supervision in a medium or large county welfare department, either (1) to be responsible for all accounting, financial, and statistical functions; or (2) to be responsible for the fiscal, personnel, and office management functions; and to do other work as required.

Job Characteristics:

This is the second highest class in the accounting clerical series, second only to Chief Fiscal Supervisor. All positions in this class are responsible for either:

(1) All accounting, financial and statistical functions in a medium or large county welfare department; or

(2) The fiscal, personnel, and office management functions in a medium or large county welfare department.

The duties assigned to a Chief Account Clerk are specific, varied in nature, and do not usually follow standardized routines. The purposes and objectives of new assignments and desired changes in routine are usually outlined in general terms, but instructions as to methods are not usually given.

Wide use of independent judgment is required and supervision is available for complex problems. The work of a Chief Account Clerk is subject to review upon completion.

Typical Tasks:

Supervises and is responsible for the work of employees engaged in posting financial information to record cards or ledgers, operating business machines, assisting in the preparation of reports and doing other clerical work; compiles and audits employees' time reports by calculating extensions and percentages of salary and allocating to various categorical aids; prepares monthly administrative worksheets for salaries and wages, maintenance and operation, and capital outlay; prepares welfare payrolls; compiles monthly statistical reports on all aids, quarterly estimates, and assists with the preparation of the annual budget; audits service and expense bills of the department against the receipts and orders written for service and expense to determine validity of vendors' claims, and makes necessary adjustments if any difference is noted between the claims and the original invoice;

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41998 8-56 30M SPO

interviews vendors for the purchase of office supplies, or for maintenance of office equipment; prepares registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made; prepares and maintains registers showing total federal and state reimbursement for all claims; reviews claim corrections made by the state department, and makes necessary adjustments on the office records; dictates or composes and types letters regarding claim corrections.

Maintains files; answers telephone and personal inquiries regarding budgets, financial records, reports, and state laws, rules and regulations affecting the financial aspects of the welfare program; devises and installs new forms and procedures; receives refunds, issues receipts and enters amounts received in journal; deposits refunds and also deposits reimbursements from the Federal and State Government on all aids with the county treasurer; operates a typewriter, addressograph, graphotype, calculator, adding, bookkeeping and other office machines; audits notices of change as to date and amount; posts various types of financial information to cards or ledgers.

Answers state department correspondence relative to financial and statistical data; acts as liaison officer between the welfare department and the county auditor or treasurer's office; confers with the state department officials, federal and state auditors, grand jury auditors, members of the board of supervisors; representatives of social service agencies, and others desiring information pertaining to either (1) accounting, financial, and statistical functions; or (2) fiscal, personnel, and office management functions.

Minimum Qualifications:

Education: Graduation from high school. (Eight months of full-time paid experience in clerical work involving the keeping or reviewing of financial or statistical records may be substituted for one year of high school. Maximum allowable substitution: two years of qualifying experience for three years of high school.)

AND

Experience: Five years of full-time paid experience within the last ten years in clerical work involving the keeping or reviewing of financial or statistical records, at least one year of which shall have been in a supervisory capacity. (Successfully completed training in a recognized college or business school specializing in commercial subjects including at least six semester hours in accounting may be substituted for the required nonsupervisory experience on a year-for-year basis. Maximum allowable substitution: two years.)

AND

CHIEF ACCOUNT CLERK

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DO NOT WRITE IN THIS SPACE

Knowledge of:

(1) Methods, practice and terminology used in financial and statistical clerical work.

(2) Office practice and procedure.

(3) Federal, California State, and county law pertaining to the accountability of welfare funds.

(4) Principles of employee supervision.

AND

Ability to:

(1) Lay out the work for a group of clerical employees engaged in financial record keeping, statistical, or other clerical work.

(2) Perform difficult financial record keeping, statistical, and other clerical work.

(3) Make arithmetical computations rapidly and accurately.

(4) Analyze situations accurately and to adopt an effective course of action.

(5) Get along well with others.

(6) Understand and carry out complex instructions.

(7) Operate a typewriter.

(8) Learn to operate a calculator, addressograph, graphotype, bookkeeping machine, and other mechanical office equipment.

Personal Characteristics:

Aptitude and liking for work involving arithmetical calculations, initiative, accuracy, integrity, reliability, orderliness, neat personal appearance, good judgment, good health, and freedom from disabling defects.

CHIEF ACCOUNT CLERK

41998 8-56 30M SPO

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

California County
Merit System
Class Specification

Effective: 11/1/57
Previous Rev:
Title Changed:
Established: 2/1/53

CHIEF FISCAL SUPERVISOR

Definition:

Under general direction, to have charge of and be responsible for the accounting, budgetary, and statistical functions of one of the larger county welfare departments; and to do other work as required.

Job Characteristics:

This class is used in the larger county welfare departments where the size of staff and the complexity of problems make it impracticable for the County Welfare Director or the Assistant County Welfare Director to exercise technical supervision over the accounting, budgetary, and statistical work of the department.

The duties assigned to a Chief Fiscal Supervisor are specific, varied in nature, do not follow standardized routines, and require the wide use of independent judgment. The purposes and objectives of new assignments and required changes in procedures are outlined in general terms. Although assignments are concerned with accounting, budgetary, and statistical matters, it is necessary for a Chief Fiscal Supervisor to understand the laws, rules, regulations, procedures, and policies governing the social work program of the county welfare department to insure an effective coordination of social work procedures and policies.

Typical Tasks:

Plans, assigns, and reviews work; gives instructions; maintains discipline and passes upon problems involved in directing the accounting, budgetary, and statistical work of the county welfare department; prepares or assists in preparing the departmental budget and bears responsibility for keeping the expenditures within budgetary allotments; maintains control over the expenditures, collections, and property of the department; develops and installs new procedures; coordinates the methods, procedures, and work of the accounting section with the social service and other sections, either directly or through higher levels, to facilitate the operation of the whole department; confers on fiscal matters with the director or other departmental executive; prepares statements and reports showing the financial condition of the department; reviews and dictates correspondence; and confers with county, state, federal officials, and others on fiscal matters.

Minimum Qualifications;

EITHER I

Experience: One year of experience as a Chief Account Clerk in the California County Merit System.

CHIEF FISCAL SUPERVISOR

DO NOT WRITE IN THIS SPACE

41998 8-56 30M SPO

OR II

Education: Graduation from high school.

AND

Experience: Three years of progressively responsible supervisory experience in financial record keeping work.

AND

Knowledge of:

(1) Federal, state, and county laws pertaining to accountability of welfare funds.

(2) Governmental accounting and budgetary record keeping.

(3) Office methods and procedures.

(4) Accounting principles and practices.

(5) Federal, state, and county laws, rules, and regulations pertaining to the social work program of the department as it relates to fiscal or statistical functions.

(6) Principles and techniques of employee supervision.

AND

Ability to:

(1) Plan, organize, direct, and coordinate the work of an accounting section.

(2) Analyze situations accurately and to adopt an effective course of action.

(3) Establish and maintain cooperative working relationships, including those with representatives of other agencies and the public.

(4) Prepare clear and concise statements and reports.

Personal Characteristics:

Initiative, accuracy, integrity, reliability, orderliness, neat personal appearance, good judgment, good health, and freedom from disabling defects.

CHIEF FISCAL SUPERVISOR

DO NOT WRITE IN THIS SPACE

California County
Merit System
Class Specification

Effective: 11/1/57
Previous Rev:
Title Changed:
Established: 11/1/57

ADMINISTRATIVE SERVICE OFFICER I

Definition:

Under general direction, to plan, organize, and direct the administrative services of a medium or large county welfare department; and to do other work as required.

Job Characteristics:

Incumbents in this class are responsible for all the administrative service activities which aid management in the accomplishment of the purposes of the organization.

The level of positions in the administrative service officer class series is determined by the relative size and the nature of work of the department; the number, type, and complexity of staff services included; and the responsibility assigned to the position by the welfare director. This is the entrance class in the series and includes positions in welfare departments having approximately 35 to 75 employees.

Typical Tasks:

Plans, organizes, assigns, and reviews work, and passes upon varied management problems in directing fiscal, personnel, office service, and general business activities of the agency; directs the budgetary and fiscal control program and preparation of the budget; arranges for various personnel transactions and supervises the preparation of personnel documents and pay rolls and the maintenance of personnel records; exercises over-all direction of office service units, such as the stenographic pool, duplication service, photostat, mail and messenger services, communications service, supply room, central files, reception unit, and janitorial services; develops and improves programs for the effective utilization of office space, forms and supplies, equipment, and other property; makes time and cost studies of unit operations and makes or recommends changes to promote more efficient production; develops production standards; prepares and revises rules and manuals of procedure and directs the instruction in their use; supervises the keeping of property records and passes upon or recommends the granting of requests for purchase of major items of new property or repair of existing property; confers with representatives of other county departments and of state agencies on administrative services problems; negotiates leases; attends budget and other board of supervisors hearings; makes special administrative studies; interviews sales representatives; plans, organizes, and supervises an in-service training program for administrative service personnel; prepares reports and dictates correspondence.

ADMINISTRATIVE SERVICE OFFICER I

DO NOT WRITE IN THIS SPACE

Minimum Qualifications:

Education: Graduation from an accredited college or university. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

AND

Experience: Two years of experience in supervisory, administrative, or managerial capacity in an organization having at least 30 employees; or, two years of experience in work comparable to that of Chief Account Clerk or Chief Clerk in the California County Merit System. (In appraising experience, more weight will be given to the breadth and level of pertinent experience and the evidence of the candidate's ability to accept and fulfill increasing responsibility than to the length of his experience.)

AND

Knowledge of:

(1) Principles and modern methods of public and business administration with special reference to organization, fiscal and personnel management, and budgetary preparation and control.

(2) Modern office methods, forms, and equipment.

AND

Ability to:

(1) Develop and install new, and revise existing, methods and procedures.

(2) Analyze administrative problems, to reach practical and logical conclusions, and to put into practice effective changes.

(3) Establish and maintain cooperative working relationship, including those with representatives of other agencies and the public.

(4) Plan, organize, direct, and coordinate the work of others.

(5) Prepare clear and concise correspondence, statements, and reports.

Personal Characteristics:

Initiative, accuracy, integrity, reliability, orderliness, neat personal appearance, good judgment, good health, and freedom from disabling defects.

ADMINISTRATIVE SERVICE OFFICER I

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California County
Merit System
Class Specification

Effective: 11/1/57
Previous Rev:
Title Changed:
Established: 11/1/57

ADMINISTRATIVE SERVICE OFFICER II

Definition:

Under administrative direction, to plan, organize, and direct the administrative services for one of the largest county welfare departments having several subdivisions and including extensive and complex fiscal and business operations; and to do other work as required.

Job Characteristics:

Incumbents in this class are responsible for all the administrative services activities which aid management in the accomplishment of the purposes of the organization.

This is the highest class in the administrative service officer class series and is used in departments having approximately 90 or more employees. Positions in this class encompass a wide variety of administrative and business management responsibilities, including making major administrative decisions on the business activities of the agency. The direction exercised is over-all in nature and does not include close supervision of any of the functions.

This class is distinguished from the lower class of Administrative Service Officer I, by the greater responsibility, the wider variety of problems dealt with, and the size and complexity of the agency and its business operations.

Typical Tasks:

Formulates departmental policy in the field of administrative services and business management; directs the fiscal, personnel, office services, and general business activities of the department; directs the budgetary and fiscal control programs and the preparation of the budget; consults with program and other administrators on administrative problems and procedures and assists in developing and instituting improvements; directs and makes administrative studies of organization and administrative procedures; through subordinate supervisors, exercises overall direction of office service units, such as stenographic pool, duplication service, mail and messenger service, communications service, supply, central files and reception units, and building services; develops and improves programs for the effective utilization of office space, forms and supplies, and equipment and other property; directs and makes time and cost studies of unit operations and makes or recommends changes to promote more efficient production; develops production standards; directs the preparation and revision of rules and manuals of procedure and the instruction in their use; passes upon or recommends the granting of requests for the purchase of major items of new property and repairs of existing property; directs the negotiation of leases; represents the department at budget and other board of supervisors' hearings; confers with the director on major administrative problems; confers with representatives of other county departments and of state agencies on administrative

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service problems makes special administrative studies; plans, organizes, and supervises an in-service training program for administrative service personnel; prepares reports and dictates correspondence.

Minimum Qualifications:

EITHER I

Two years of experience as an Administrative Service Officer I in the California County Merit System, or three years of experience as a Chief Fiscal Supervisor in the California County Merit System.

OR II

Education: Graduation from a recognized college or university. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

AND

Experience: Four years of experience in supervisory, administrative, or managerial capacity in an organization having at least 50 employees. (In appraising experience, more weight will be given to the breadth and level of pertinent experience and the evidence of the candidate's ability to accept and fulfill increasing responsibility than to the length of his experience.)

AND

Knowledge of:

(1) Principles and modern methods of public and business administration with special reference to organization, fiscal and personnel management, and budgetary preparation and control.

(2) Modern office methods, forms, and equipment.

AND

Ability to:

(1) Develop and install new, and revise existing, methods and procedures.

(2) Analyze administrative problems, to reach practical and logical conclusions, and to put into practice effective changes.

(3) Establish and maintain cooperative working relationship, including those with representatives of other agencies and the public.

ADMINISTRATIVE SERVICE OFFICER II

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(4) Plan, organize, direct, and coordinate the work of others.

(5) Prepare clear and concise correspondence, statements, and reports.

Personal Characteristics:

Initiative, accuracy, integrity, reliability, orderliness, neat personal appearance, good judgment, good health, and freedom from disabling defects.

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ADMINISTRATIVE SERVICE OFFICER II

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California County
Merit System
Class Specification

Effective: 11/1/57
Previous Rev:
Title Changed:
Established: 11/1/57

EMPLOYMENT OFFICER

Definition:

Under direction, to develop sources of employment and to coordinate the job placement of Public Assistance, General Relief, and other applicants and recipients; and to do related work as required.

Typical Tasks:

Consults with and assists social workers in the analysis of caseloads to identify employable individuals; explains and gives training to other welfare department staff members in the standards and objectives of the employment program; serves on departmental and community rehabilitation committees working toward the motivation of the incapacitated to seek employment; recommends procedures through which recipients are referred by social workers to the Employment Officer; interviews Public Assistance, General Relief, and other recipients to evaluate their qualifications in relation to existing jobs and to counsel them about their employability; develops sources of employment in the area; contacts employment managers, labor contractors, private employment agencies, and other hiring officers to obtain listings of job openings; contacts and stimulates the interest of business leaders, labor unions, and civic groups in the employment of persons receiving assistance; establishes and maintains cooperative relationships with such agencies as the State Department of Employment, State Bureau of Vocational Rehabilitation, State Division of Apprenticeship Standards, and with private agencies involved in work planning for the incapacitated such as the Heart Association and the Tuberculosis Association; fosters sheltered work activities and part-time employment opportunities; addresses groups; prepares reports.

Minimum Qualifications:

Education: Graduation from a recognized college or university. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

AND

Experience: Two years of full-time paid experience in the interviewing and the employment of personnel; or of a technical or management nature in such fields as labor, industrial, or public relations; public or private employment service; public or private personnel, health, welfare administration; or public or business administration.

AND

Knowledge of:

(1) Employment counseling, interviewing, and placement methods.

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(2) Various occupations and general employment opportunities available.

(3) Qualifications necessary to fill jobs in industrial, commercial, agricultural, domestic, and governmental fields.

(4) Services rendered by labor unions, governmental agencies, employees associations, and by veterans and other organizations in the employment field.

(5) State and federal laws and regulations relating to employment, public welfare, and labor conditions.

AND

Ability to:

(1) Ascertain and evaluate the qualifications of applicants.

(2) Interpret the provisions of state and federal laws relating to labor employment, reemployment, training, vocational guidance, and rehabilitation.

(3) Interview effectively.

(4) Develop and utilize employment resources.

(5) Present oral and written reports concisely and clearly.

(6) Establish and maintain effective working relationships with recipients, prospective employers, fellow workers, governmental officals, and with the general public.

(7) Operate an automobile.

Personal Characteristics:

Initiative, tact, perseverance, good judgment, dependability, moral and financial integrity, demonstrated ability to accept increasing responsibility, smypathy with the welfare programs of the State of California and the counties of the state, neat personal appearance, good health, and freedom from disabling defects.

EMPLOYMENT OFFICER

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FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATI 5 W&IC 115, 116
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14

October 3, 1957

DEPARTMENT BULLETIN NO.555 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Form DA 158, Budget Worksheet on Aid to the Disabled Required on Intake Cases

To provide information on the cost of allowable needs and on types and amounts of unmet need for the new Aid to the Disabled program, all counties shall submit a copy of Form DA 158, Budget Worksheet - Aid to the Disabled for each ATD application granted, i.e., new applications, reapplications, written requests for restoration, and transfers from another county.

The Budget Worksheets shall accompany corresponding Form DA 251's, Social Data Record, and be sent to the Bureau of Research & Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by the 12th of the month following month of board action on the applications.

Yours very truly,

George K. Wyman

George K. Wyman
Director

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